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Statement from the American Association for Respiratory Care

In Response to the

Energy & Commerce Oversight & Investigations Subcommittee Hearing:

“Lessons from the Frontline: COVID-19’s Impact on American Health Care”

March 2, 2022

The American Association for Respiratory Care (AARC) thanks Chairwoman Diana DeGette, Ranking Member Brett Guthrie, and members of the Energy & Commerce Oversight & Investigations Subcommittee for holding this important hearing to learn how COVID 19 has impacted the American health care system from those who have been on the frontline providing critical patient care and saving lives during the pandemic. In particular, we want to highlight the vital role respiratory therapists have played during the 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. During the pandemic, their expertise has been critical when it comes to management of individuals who have been mechanically ventilated. Working together as part of the health care team, respiratory therapists as highly trained experts are at the patient’s bedside monitoring and assessing the patient’s respiratory needs and response to therapy. These dedicated professionals put their own health on the line every day to save lives and the burnout, long hours, and strain on their mental health has led to extreme shortages within the profession.

The unknown long-term needs of those with lingering respiratory conditions has the potential to increase the current workflow shortages we are seeing in the profession. In 2020, there were approximately 190,000 licensed respiratory therapists based on a health resources survey conducted by the AARC.¹ By 2030, the survey indicates 92,000 will have left the profession. Further, the ongoing public health emergency due to COVID-19 has resulted in unexpected challenges involving the delivery of health care that require increased staff resources. This is evidenced in recent policy changes by the Centers for Medicare & Medicaid Services (CMS) to add coverage of supplemental oxygen - heretofore covered only for chronic conditions – for beneficiaries with acute, short-term needs. Moreover, CMS has expanded coverage of pulmonary rehabilitation services, previously only available to those beneficiaries with moderate, severe, and very severe Chronic Obstructive Pulmonary Disease (COPD), to include those beneficiaries with suspected or confirmed COVID-19 who continue to experience respiratory dysfunction for at least 4 weeks. Given the lessons the Committee learns from its hearing, it is important now more

¹ AARC Human Resources Survey of Respiratory Therapists, American Association for Respiratory Care. December 2020. Robert C. Shaw, Jr. PhD, Jennifer L. Benavente, BA/BEEd.

than ever that future policies address the market forces that can lead to decreasing enrollment in respiratory care educational programs, escalating burnout in the health care profession, and steadily growing retirement among the baby boomer generation.

The AARC urges the Committee to focus its efforts on ensuring our nation can meet the country's current and future health care needs by enacting policies that promote the development of a well-trained health care workforce, including respiratory therapists, and one that reflects the diverse communities it serves. As noted in the memorandum to the subcommittee in preparation for the hearing², people of color continue to face barriers in accessing and receiving quality health care.

We strongly believe increasing diversity will lead to improved access to care, greater patient choice and satisfaction, and better education experience for health professions students, among many other benefits. A diverse health care workforce can help to both address preexisting health disparities among the population, as well as those disparities exacerbated by the COVID-19 pandemic. This is supported by the Centers for Disease Control and Prevention assessment that there is an increased "risk for severe COVID-19 illnesses and death for many people in racial and ethnic minority groups."³

We appreciate the support of Energy and Commerce Committee members Representatives Bobby Rush and Markwayne Mullin who have been strong champions for diversifying the allied health professions by introducing the Allied Health Workforce Diversity Act (H.R. 3320), which would create a workforce development program for rehabilitation therapy providers and audiologists to increase the percentage of individuals from underrepresented communities in these professions, and we are pleased that the Energy & Commerce committee has voted to approve this important legislation. We urge you to build on their efforts to support a well-trained and diverse allied health workforce as the Committee tackles a wide range of health care issues.

We appreciate the opportunity to provide our comments.

²https://energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/Briefing%20Memo_OI%20Hearing_2022.03.02.pdf

³Centers for Disease Control and Prevention. COVID Data Tracker Weekly Review, Interpretive Summary for April 2, 2021. Accessed April 4, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>