



Respiratory Care Fly-In Washington D.C. Toolkit

May 6-7, 2024



Dear Colleagues:

For many years, the American Association for Respiratory Care (AARC) has been steadfast in its commitment to advocating for our profession and the patients we serve. After a hiatus due to the pandemic, we were thrilled to return to in-person meetings on Capitol Hill last year. The progress we made during that time was significant, with firm commitments secured from members of Congress to support our legislative priorities thanks to you.

Our primary goals remain focused on ensuring that virtual telehealth becomes a permanent benefit for Medicare beneficiaries and reforming the Medicare payment system for oxygen to guarantee access to respiratory therapists and liquid oxygen for patients in need. I am particularly excited about this year's event, as we have bills addressing both issues in both the House and the Senate.

SOAR Act: Senate Bill 3821; House Bill 7829

PR Telehealth: House Bill 1406; Senate Bill 3021

The AARC takes pride in the work we've accomplished thus far in advancing our agenda, and I am confident that with your help and participation, we can carry these crucial issues across the finish line. To enhance the experience for first-time attendees, we have introduced a special orientation session, thanks to the efforts of the Advocacy and Government Affairs Committee Chair, Mike Madison. With this preparation, we will be well-equipped to effectively communicate our message on May 7.

I am eagerly anticipating our gathering and look forward to seeing you there. Thank you for dedicating your time and energy to participate in the Annual Respiratory Fly-in. Together, let's continue to advocate for the advancement of respiratory care and the well-being of patients nationwide.

Onward,

Carl Hinkson

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Important Contact Information

Contact details for event organizers and key personnel:

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Send Fly-in pictures to:
marketing@aacrc.org

Tag posts on social media with
#oxygenreform, #RespiratoryCareFlyin #supplementaloxygen, #advocateforRTs,
and #improveoxygenaccess, #AARC

Agendas

**Annual Respiratory Fly-in Pre-Meeting
Preparation Webinar
April 18, 2024
Zoom Meeting
12:00 – 1:00 pm CST**

12:00 – 12:05	Welcome	Dan Garrett AARC Executive Director
12:05 – 12:20	Online Tools – a hands on demonstration	Elizabeth Morrison
12:20 – 12:40	Issue Briefing	Miriam O'Day SVP Government Affairs
12:40 – 12:50	Orientation for First Time Attendees	Mike Madison Chair Advocacy and Government Affairs Committee
12:50 – 12:55	Hotel Overview	Marlene Garrett
12:55 – 1:00	Q & A	All
1:00	Closing	Dan Garrett

Draft Fly-In Agenda
Monday, May 6 – Tuesday, May 7, 2024
The Westin Crystal City Reagan National Airport
1800 Richmond Highway
Arlington, VA 22202

Day 1 – Monday, May 6

11:00 – 12:00	Meeting Registration	Heather Wilden
12:00 – 12:15	Welcome	Carl Hinkson, AARC President
12:15 – 12:30	Opening Remarks	Daniel Garrett, Executive Director AARC
12:30 – 1:00	Box Lunch Delivered	Break
1:00 – 2:00	Working Lunch	
1:00 – 1:30	Sponsors of the SOAR Act HR 7829 <i>INVITED</i>	Representative Valadao (R-CA) Representative Brownley (D-CA)
1:30 – 2:00	What to Expect on the Hill: An Overview of What's Happening in Congress and Our "Asks"	Stefanie Rinehart, CRD Associates, LLC
2:00 – 2:30	Patient Perspectives	Dan Grimm
2:30- 3:00	The issues and the tools	Miriam O'Day SVP Government Affairs AARC
3:00 – 3:30	Regulatory Affairs Overview and Activities	Kay Moyer, CRD Associates, LLC
3:30 – 4:00	Orientation for first time attendees	Mike Madison, Chair AARC Government Affairs Committee
4:00 – 4:15	Review of Tuesday and Closing Remarks	Carl Hinkson
4:15	Dinner on your own	

Day 2 – Tuesday, May 7

6:00 – 8:30	Hot Breakfast Buffet	All
8:30 – 5:30	Congressional Appointments	Capitol Hill
6:00 – 9:00	Sit Down Dinner Debrief	Westin Crystal City

Background Information

Supplemental Oxygen Reform

Congressional Action Needed to Address Access to Supplemental Oxygen Background

- Supplemental oxygen is a statutorily covered service under the Durable Medical Equipment benefit for Medicare beneficiaries who show clinically relevant oxygen desaturation levels at rest or during exercise.
- There are several different modalities for the delivery of supplemental oxygen, each with its own strengths and limitations.
- Since the implementation of the competitive bidding program, claims for all oxygen modalities have dropped dramatically, with liquid oxygen seeing the most significant drop. Liquid oxygen is an important modality for patients who need high oxygen flow rates.
 - Liquid stationary between 2017 and 2021 went from 62,371 claims to 16,716 – a 73% decline
 - Liquid portable went from 95,859 to 24,942 claims during the same timeframe – a 74% decline
 - There have been no changes to respiratory disease patterns that would explain the sharp decrease.

CMS and Congress Recognize Problems with Liquid Oxygen

- In 2019, CMS made modest payment changes for liquid oxygen by establishing new payment classes.
- Bipartisan Congressional letters to CMS identified concerns regarding declining access to supplemental oxygen, particularly in rural areas, and called for them to act.
- For FY 2021, the House appropriations bill included report language expressing continued concern over lack of access for liquid oxygen.
 - It requested CMS to report to Congress within 60 days on current access and trends in use between 2010 and 2019.
 - CMS acknowledged there are access issues and is monitoring the effect of its earlier revisions to payment rates noted above.

COVID-19 Exacerbated the Problem

- Challenges around access to supplemental oxygen have prevented Medicare beneficiaries from getting needed equipment post-hospital discharge.
 - Hospital discharges have been delayed due to lack of available supplemental oxygen,
- Regional shortages of oxygen have negatively impacted those recovering from COVID-19 and patients with other health conditions who need this critical treatment.

Congress Must Pass Comprehensive Oxygen Reform

- The pulmonary community urges Congress to fix well-documented problems with access to supplemental oxygen.
- Needed reforms include:
 - Ensuring supplemental oxygen is patient-centric by moving away from “home” oxygen to “supplemental oxygen” and creating a patients’ bill of rights.
 - Ensuring access to liquid oxygen for patients for whom it is medically necessary.

- Creating a statutory service element to provide adequate reimbursement for respiratory therapists to ensure patients have access to their expertise.
- Establishing national standardized documentation requirements that rely upon a template rather than prescriber medical records to support claims for supplemental oxygen suppliers to ensure predictable and adequate reimbursement and to protect against fraud and abuse.

Four Pillars of Oxygen Reform

1. Ensure supplemental oxygen is patient-centric
 - Change “home oxygen” to “supplemental oxygen” to ensure people requiring oxygen can live full lives outside their primary residence
 - Create a patients’ bill of rights to ensure care is focused on patient needs
2. Ensure access to liquid oxygen for patients for whom it is medically necessary
3. Create a statutory service element to provide adequate reimbursement for respiratory therapists to ensure patients have access to their expertise
4. To ensure predictable and adequate reimbursement and to protect against fraud and abuse, establish national standardized documentation requirements that rely upon a template rather than prescriber medical records to support claims for supplemental oxygen suppliers.

Organizations In Support

Allergy & Asthma Network
 Alpha-1 Foundation
 American Association for Respiratory Care
 American Association of Cardiovascular and Pulmonary Rehabilitation
 American College of Chest Physicians
 American Lung Association
 American Physical Therapy Association
 American Thoracic Society
 California Society for Pulmonary Rehabilitation
 COPD Foundation
 The Council for Quality Respiratory Care
 Dorney-Koppel Foundation

Hawaii COPD Coalition
 Foundation for Sarcoidosis Research
 Hospice and Palliative Nurses Association
 The LAM Foundation
 National Scleroderma Foundation
 NTM Info & Research
 PCD Foundation
 PF Warriors
 Pulmonary Fibrosis Foundation
 Pulmonary Hypertension Association
 Respiratory Health Association
 Running On Air
 Scleroderma Foundation of California
 TSC Alliance
 US COPD Coalition
 Wescoe Foundation for Pulmonary Fibrosis

Other Resources

- [Oxygen Payment Policy Revisions: Fiscal Implications](#)
- [CMS Payment Must Reflect the Unique Role of Supplemental Liquid Oxygen](#)
- [SOAR Act Bill](#)
- [Sustainable Cardiopulmonary Rehabilitation Services in the Home Act](#)
- [Long-Term Care Workforce Support Act](#)
- [Long-Term Care Workforce Support Act General Information](#)
- [Podcast with Miriam O'Day on SOAR Act and AARC Advocacy Efforts](#)
- [American Lung Association Lung Disease Prevalence](#)
- [CDC COPD Statistics](#)

Talking Points

Establish the Meeting Basics

- Clarify the duration of the meeting.
- Provide a brief overview of the role of Respiratory Therapists (RTs) and the number of licensed RTs in the state.
- Discuss your primary role as an RT and how you assist patients.
- Reference the American Lung Association (ALA) website for data on lung disease prevalence in the state and counties.

What We Are Asking For

Request: Co-Sponsorship of HR 1406 and S 3021 the Sustainable Cardiopulmonary Rehabilitation Services in the Home Act

- Advocate for permanent telehealth virtual pulmonary rehabilitation for Medicare beneficiaries.
- During the COVID-19 pandemic, RTs were permitted to furnish cardiac and pulmonary rehabilitation services to patients at home as virtual services.
- Without additional authority from Congress, CMS lacks the flexibility to permit permanent continuation of virtual cardiac and pulmonary rehab services.
- Representatives John Joyce (R-PA) and Scott Peters (D-CA) introduced HR 1406 and Senators Sinema (D-AZ), Blackburn (R-TN), and Klobuchar (D-MN).
- RTs are not specifically recognized in this legislation because they are billed incident to physicians.
- This bill permanently allows services relating to cardiac rehabilitation programs, intensive cardiac rehabilitation programs, and pulmonary rehabilitation programs to be furnished via telehealth at a beneficiary's home under Medicare.
- Virtual delivery of services enhances patient adherence, allows for earlier intervention, and removes barriers such as distance and transportation, particularly in rural and underserved areas.

Request: Co-Sponsorship of S 3821 or HR 7829 the Supplemental Oxygen Access Reform (SOAR) Act

Currently, Medicare covers oxygen as a durable medical equipment (DME) benefit for patients who experience oxygen desaturation, a lower level of oxygen in the blood due to lung disease or other chronic conditions. Supplemental oxygen can be delivered in several forms, including compressed or liquid oxygen, and portable or stationary oxygen. Since 2011, CMS implemented the competitive bidding process for supplemental oxygen, causing payment rates for all types of oxygen to drop substantially. Liquid oxygen is lightweight, portable and can deliver oxygen at higher levels for people with more advanced lung disease, which is almost impossible for patients to access.

- Removes all oxygen and oxygen equipment from Medicare Competitive Bidding Program.
- Advocate for legislative reform to establish a Medicare reimbursement rate to

pay RTs to see supplemental oxygen patients, addressing issues that were previously overlooked.

- Emphasize the importance of ensuring patients have access to the most appropriate type of oxygen equipment for their needs.
- Emphasize establishment of protections for Medicare beneficiaries who use supplemental oxygen.
- Discuss separate payment rate for liquid oxygen.
- Discuss the cost to the Federal Government provided by the Moran Company
- Discuss the four pillars of legislative reform:
 1. Ensure supplemental oxygen is patient-centric
 2. Ensure access to liquid oxygen for patients for whom it is medically necessary.
 3. Create a statutory service element to provide adequate reimbursement for RTs.
 4. Establish national standardized documentation requirements to ensure predictable and adequate reimbursement and protect against fraud and abuse.

Organizations in Support

- List organizations supporting the legislative reform efforts, demonstrating broad coalition support for the initiatives. The coalition organizations are summarized [here](#).

By emphasizing these key points, we aim to garner support from members of Congress for critical legislation that will significantly impact the respiratory care profession and the well-being of patients nationwide.

Request: Support the Long-Term Care Workforce Support Act S 4120

The AARC particularly supports the section within the bill that provides grants for allied health professionals, including respiratory therapists which is an extension of the Allied Workforce Diversity Act (H.R. 3320/S. 1679) which passed as part of the year end 2022 omnibus bill which was signed into law by President Joe Biden on December 29, 2022. The Allied Health Workforce Diversity program supports efforts to ensure our nation has a health workforce that is representative of its population and continue to expand access to health care for everyone.

Under the program, the Health Resources Services Administration (HRSA) will award grant funding to accredited higher education programs of occupational therapy, respiratory therapy, physical therapy, speech language pathology, and audiology to support their efforts to increase opportunities for students from underrepresented and disadvantaged backgrounds. Modeled after a similar grant program for nurses, funding would support efforts by the program to attract, recruit, and retain individuals underrepresented in these professions. And while the legislation passed the grant program remains unfunded.

Here are some talking points in support of the Long-Term Care Workforce Support Act S 4120

1. **Addressing Growing Demand:** With the aging population in the United States, the demand for long-term care services is steadily increasing. This legislation recognizes the need to bolster the workforce in order to meet the rising demand for care services for older adults and individuals with disabilities.
2. **Expanding Educational Opportunities:** The Act provides grants and contracts to eligible entities to increase educational opportunities in various professions, respiratory therapy, By offering scholarships, stipends, and support for completion of degree programs, the Act encourages individuals to pursue careers in respiratory therapy and other critical allied health fields.
3. **Promoting Workforce Diversity:** The legislation emphasizes the importance of workforce diversity by specifically targeting underrepresented groups, including racial or ethnic minorities, individuals with disabilities, and those from disadvantaged backgrounds. By providing financial support to these individuals, the Act aims to increase diversity within the allied health and direct care professions, leading to more inclusive and culturally competent care.
4. **Enhancing Retention:** In addition to supporting recruitment efforts, the Act also focuses on retaining students in educational programs through various initiatives. By offering assistance for completion of prerequisite courses, building career pipeline programs, and providing support for retention activities, the legislation aims to address the high turnover rates often observed in these professions.
5. **Ensuring Accountability and Evaluation:** The Act includes provisions for monitoring and evaluation to ensure accountability and effectiveness of the funded programs. Recipients of awards are required to report on admission, retention, and graduation rates, and take corrective actions if these rates fall below specified benchmarks. Furthermore, external evaluation by experienced evaluators will assess the impact of the Act on recruitment and retention in long-term care settings.
6. **Allocating Resources:** The legislation authorizes appropriations to support the implementation of these initiatives. By allocating funds to carry out the provisions of the Act, policymakers demonstrate a commitment to strengthening the long-term care workforce and improving the quality of care provided to vulnerable populations.

In summary, the Long-Term Care Workforce Support Act, particularly the provisions related to grants for allied health professionals, plays a crucial role in addressing the workforce challenges faced by the long-term care sector. By expanding educational opportunities, promoting diversity, enhancing retention efforts, ensuring accountability, and allocating resources, the Act aims to build a robust and sustainable workforce capable of meeting the growing needs of older adults and individuals with disabilities.

Setting Up Legislative Meetings

Reach out to the names on the [congressional office scheduler list](#) to set-up meetings and modify the sample letter below. Submit your appointment information through the jotform link: <https://form.jotform.com/240105596370150>

Sample Letter

ATT: Scheduler and Health Legislative Assistant

Dear (Representative or Senator),

My name is [Your Name], and I reside in [Your Town/City], which falls within your district. I am writing to you as a constituent and a licensed respiratory therapist currently employed at [Name of Your Employer].

As a member of the [Your State's] Society for Respiratory Care, representing nearly [Number of Licensed Respiratory Therapists in Your State] licensed respiratory therapists in our state, I am deeply invested in advocating for the interests of pulmonary patients and the advancement of the respiratory therapy profession.

I am pleased to inform you that on May 7, 2024, I will be participating in the American Association for Respiratory Care (AARC) annual Respiratory Fly-in. During this event, we will be advocating for important issues concerning Medicare pulmonary patients and the role of respiratory therapists.

I would greatly appreciate the opportunity to meet with you or a member of your staff during my visit to Washington, D.C. to discuss the critical role that respiratory therapists play in the lives of pulmonary patients and the importance of supporting policies that enhance patient care and promote the profession.

Thank you for considering my request. I look forward to hearing from you.

Sincerely,
Your Name] [Your Street Address] [City, State, Zip Code]

Travel Information

General Information

- **Complimentary Shuttle between Airport and Westin Crystal City Reagan National Airport Hotel:** Complimentary shuttle service is available from the airport to the hotel every 15 minutes between 4.30 a.m. to 8.00 a.m. and on the hour every hour and every half hour after to 10.45 p.m. (last pick-up from airport) from doors 4 and 7.
- **Hotel Confirmation:** Westin Crystal City hotel is sending out hotel confirmations directly to each attendee. Please check spam/junk folders in case it hasn't been received. If you don't receive an email confirmation by Monday, April 22, contact Marlene Garrett at marlene.garrett@aacrc.org
- **Check-In and Check-Out Dates:** If check-in and check-out dates are incorrect, please contact Marlene Garrett at marlene.garrett@aacrc.org.
- **Expenses:** AACRC will cover hotel room and tax the nights of May 6 and May 7. Outside of those dates will be on your own. All incidentals will be on your own. You must settle incidental expenses and extra nights at the hotel upon check-in. Please provide a credit card at check-in for incidentals.
- **Westin Crystal City Reagan National Airport Hotel Address:** 1800 Richmond Hwy, Arlington, VA 22202
- **Meeting Rooms:** Meetings will be held in the Jefferson I and II ballrooms.

Hotel Information

- <https://form.jotform.com/240095272978163>

Getting Around the Washington DC Metro Area

The Westin Crystal City to Capitol Hill is approximately a 15-20 minute drive, depending on traffic conditions. Alternatively, you can take the metro from Crystal City to Capitol South Station, which is the nearest metro station to Capitol Hill. The metro ride typically takes around 20-25 minutes, again depending on the specific route and any potential delays.



Follow-up Documents After Fly-In

Supplemental Oxygen Sample Press Release for Local Press Coverage

For Immediate Release

Contact: [Your Name], Society PR Person

Email: [Your Email Address]

Local Respiratory Therapist Lobbies for Better Health Care in Washington, D.C.

[CITY, STATE] - [Day of the Week], [Date] - [Your Name & Credentials] traveled to Washington, D.C. with about 100 other respiratory therapists and patients to request members of Congress to support the Medicare Act.

[Your Last Name] is a respiratory therapist at [Name of Workplace] and lives in [Name of Residence City].

To help fix the problems created by the Medicare Competitive Bidding Program, the AARC has been working with a comprehensive coalition of oxygen stakeholders that includes providers, patients, and the durable medical equipment industry.

Of great importance to the respiratory care profession, the SOAR Act will establish a service benefit to pay respiratory therapists to see oxygen patients outside the care facility and in their home, which has never existed before under the durable medical equipment benefit. We ask you to co-sponsor this legislation to ensure anyone who requires supplemental oxygen can access the most appropriate type of oxygen equipment for their needs. Congress must prioritize patients and solve this problem.

The legislation is based on four pillars of reform:

1. Ensure supplemental oxygen is patient-centric.
2. Ensure access to liquid oxygen for patients for whom it is medically necessary.
3. Create a statutory service element to provide adequate reimbursement for respiratory therapists to ensure patients have access to their expertise.
4. To ensure predictable and adequate reimbursement and to protect against fraud and abuse, establish national standardized documentation requirements that rely upon a template rather than prescriber medical records to support claims for supplemental oxygen suppliers.

[Your Last Name] explains, "With the mounting costs to manage chronic diseases and avoid expensive exacerbations, [Your Last Name] met with [Name] and [Name] to ask their support for the Medicare Act. We think the timing is right to improve patients' access to expanded telehealth services and in particular to the unique skills of

respiratory therapists who are trained experts in the care of patients' chronic respiratory diseases.”

[Your Last Name] is a member of the Political Advocacy Contact Team (PACT), a nationwide group of respiratory therapists and patients organized by the American Association for Respiratory Care (AARC) and the [Your State] Society for Respiratory Care to spearhead grassroots level advocacy efforts.

###

About the AARC

The American Association for Respiratory Care, headquartered in Dallas, is a professional association of respiratory therapists that focuses primarily on respiratory therapy education and research. The organization's goals are to ensure that respiratory patients receive safe and effective care from qualified professionals as well as supporting respiratory health care providers. Further information about the AARC and how to become a respiratory therapist is available at www.AARC.org.

Telehealth Sample Press Release for Local Press Coverage

For Immediate Release

Contact:

[Your Name], Society PR Person Phone: [Your Phone Number]

Email: [Your Email Address]

Local Respiratory Therapist Lobbies for Better Health Care in Washington, D.C.

[CITY, STATE] - [Your Name & Credentials] traveled to Washington, D.C. with about 100 other respiratory therapists and patients to request members of Congress to support the Medicare Telehealth Parity Act, legislation that would expand patient access to telemedicine technology and provide pulmonary patients with access to the telehealth services of a respiratory therapist. The legislation is in the US House of Representatives as HR 1406 and in the Senate as Bill 3021.

[Your Last Name] is a respiratory therapist at [Name of Workplace] and lives in [Name of Residence City].

[Your Last Name] explains, "Using telehealth services to remotely monitor and manage the clinical condition of the patient and intervene proactively will help avoid a costly hospital admission or re-admission. Reducing hospital readmissions is a key Medicare priority. As part of the provisions of the Medicare Telehealth Parity Act, patients with chronic obstructive pulmonary disease (COPD) living in rural or remote regions of the country where there is no easy access to medical facilities would be eligible to receive respiratory therapy telehealth services from a qualified respiratory therapist. In addition to easing the burden on the Medicare beneficiary, telehealth services are an efficient use of limited clinical resources which helps maximize care coordination across a wide range of clinical sites."

With the mounting costs to manage chronic diseases and avoid expensive exacerbations, [Your Last Name] met with [Name] and [Name] to ask their support for the Medicare Telehealth Parity Act. We think the timing is right to improve patients' access expanded telehealth services and in particular to the unique skills of respiratory therapists who are trained experts in the care of patients' chronic respiratory diseases.

[Your Last Name] is a member of the Political Advocacy Contact Team (PACT), a nationwide group of respiratory therapists and patients organized by the American Association for Respiratory Care (AARC) and the [Your State] Society for Respiratory Care to spearhead grassroots level advocacy efforts.

About the AARC

The American Association for Respiratory Care, headquartered in Dallas, is a professional association of respiratory therapists that focuses primarily on respiratory therapy education and research. The organization's goals are to ensure that respiratory patients receive safe and effective care from qualified professionals as well as supporting respiratory health care providers. Further information about the AARC and how to become a respiratory therapist is available at www.AARC.org.

Sample Thank You Letter

**Subject: Thank You Please co-sponsor
SOAR Act: Senate Bill 3821; House Bill 7829
PR Telehealth: House Bill 1406; Senate Bill 3021**

Dear [STAFF NAME],

I wanted to extend my heartfelt gratitude for taking the time to meet with me and my fellow respiratory therapist colleagues on May 7 to discuss critical legislative issues affecting our profession and the patients we serve. Your willingness to engage in dialogue on oxygen reform legislation and the legislation regarding in-home cardiac and pulmonary rehab services under Medicare via telehealth is greatly appreciated.

During our meeting, I was particularly encouraged by

[SPECIFIC EXAMPLE FROM YOUR CONVERSATION, IF APPLICABLE].

Your attention to this matter demonstrates your commitment to understanding the challenges faced by respiratory therapists and the pulmonary patients in [LIST STATE].

On behalf of the respiratory therapists in [LIST STATE], I kindly request your support for legislation aimed at improving Medicare patient access to supplemental oxygen. I have attached a section-by-section analysis for your review, outlining the importance of ensuring patients have access to the form of oxygen that best meets their individual needs. Thank you for consideration of co-sponsorship of the SOAR Act: Senate Bill 3821; House Bill 7829.

Additionally, please feel free to reach out if you or your boss have any further questions regarding the Sustainable Cardiopulmonary Rehabilitation Services in the Home Act. For House offices, the bill is identified as H.R. 1406. For Senate offices the bill is S 3021.

I intend to share the insights gained from our conversation with my State Society for Respiratory Care. Your thoughtful consideration of these matters is invaluable, and I am grateful for the opportunity to collaborate with you.

Should you require any additional information or assistance from myself or any of my respiratory therapist colleagues, please do not hesitate to reach out. I look forward to our continued partnership in advocating for the advancement of respiratory care.

Warm regards,

[YOUR NAME] [YOUR ADDRESS]

CC: Miriam O'Day, Sr. Vice President Government Affairs, American Association for Respiratory Care

AARC Social Media Advocacy Toolkit

Social media is a great way to strengthen public awareness about issues that are important to advancing respiratory care and the profession. AARC has several options and images to get involved during the Respiratory Care Washington D.C. Fly-in or any time!

Print a Sign and Share on Social Media

Have you, your colleagues, friends and family download one of our easily printable social media signs, and take a picture to share in support of the SOAR Act, a patient or loved one that has been affected by lack of supplemental oxygen reimbursement, or just respiratory therapists everywhere!

- [I Support the SOAR Act](#)
- [I Support the SOAR Act on Behalf Of](#)
- [I Support Respiratory Therapists](#)
- [I Support the SOAR Act color version](#)
- [I Support the SOAR Act on Behalf Of color version](#)
- [I Support Respiratory Therapists color version](#)

Share Your Pictures with AARC

Please email any pictures you take during the Fly-in to: marketing@aacrc.org. Please be sure to include names of individuals and credentials when possible.

Sample Social Media Posts and Images

Support Supplemental Oxygen Reform

More than 1.5 million people across the U.S. face unparalleled challenges in accessing oxygen that their lives depend on. These roadblocks are largely caused by an inadequate Medicare reimbursement system, and lack of access to the skills respiratory therapists can provide to oxygen dependent patients.

AARC has prioritized introduction of this legislation for some time and has worked closely with a coalition comprised of patient organizations, providers and industry to make new legislation a reality to improve the health and well-being of patients. In the spring of 2024, AARC and its partners were able to have legislation for the Supplemental Oxygen Access Reform (SOAR) Act introduced in both the House and Senate. Now members and the public must encourage their Senators and Representatives to sign on to pass this critical legislation addressing the challenges associated with supplemental oxygen and respiratory therapist access.

The 4 pillars of the SOAR Act are to:

1. Ensure supplemental oxygen is patient-centric
2. Ensure access to liquid oxygen for patients for whom it is medically necessary
3. Create a statutory service element to provide adequate reimbursement for respiratory therapists to ensure patients have access to their expertise
4. To ensure predictable and adequate reimbursement and to protect against fraud and abuse, establish national standardized documentation requirements that rely upon a template rather than prescriber medical records to support claims for supplemental oxygen suppliers.

Use and share these social media resources to promote your advocacy efforts. Looking for a hashtag? Use **#oxygenreform**, **#SOARAct**, **#advocateforRTs**, in your social media posts to help unify our messages.

Suggested Copy for Your Posts

- *Medicare beneficiaries who require supplemental oxygen can't access liquid oxygen systems appropriate for their medical needs. Take action today and urge Congress to pass legislation addressing the challenges associated with supplemental oxygen.*
<https://mstr.app/35e22c92-1c72-492c-872b-a6993891f135?t>
#oxygenreform, #SOARAct, #advocateforRTs
- *Medicare beneficiaries who require supplemental oxygen can't access liquid oxygen systems appropriate for their medical needs. Take action today and urge Congress to pass legislation addressing the challenges associated with supplemental oxygen.* <https://mstr.app/35e22c92-1c72-492c-872b-a6993891f135?t>
Use #oxygenreform, #SOARAct, #advocateforRTs

Support Telehealth Pulmonary Rehabilitation Reform

We need permanent telehealth/virtual pulmonary rehabilitation for Medicare beneficiaries (H.R. 1406) co-sponsor of HR 1406 or S 3021. This bill permanently allows services relating to cardiac rehabilitation programs, intensive cardiac rehabilitation programs and pulmonary rehabilitation programs to be furnished via telehealth at a beneficiary's home under Medicare.

Virtual delivery of services enhances patient adherence, allows for earlier intervention, and removes barriers such as distance and transportation, particularly in rural and underserved areas. Ask Congress to co-sponsor the Sustainable Cardiopulmonary Rehabilitation Services in the Home Act. Let your voice be heard!

Use and share these social media resources to promote your advocacy efforts. Looking for a hashtag? Use **#pulmonaryrehab**, **#advocateforRTs**, in your social media posts to help unify our messages.

Suggested Copy for Your Post

- *Representatives introduced legislation called “the Sustainable Cardiopulmonary Rehabilitation Services in the Home Act (H.R. 1406)”, which would permanently allow patients to receive in-home cardiac and pulmonary rehab services under Medicare. We need your help to gain co-sponsors for this legislation.*
<https://mstr.app/ca1c65af-93aa-489d-81de-7dddeca395e7>
#advocateforRTs #HR1406

Click on the links below to download an image to include in your social media posts. Samples of the images are on the following pages.

- [Supplemental Oxygen Image #1](#)
- [Supplemental Oxygen Image #2](#)
- [Supplemental Oxygen Image #3](#)

- [Pulmonary Rehab Image #1](#)
- [Pulmonary Rehab Image #2](#)
- [Pulmonary Rehab Image #3](#)

CONTACT CONGRESS
Patients Need Supplemental Oxygen Reform



 **darc**
American Association
for Respiratory Care

CONTACT CONGRESS
Patients Need Supplemental Oxygen Reform



 **darc**
American Association
for Respiratory Care

CONTACT CONGRESS
Patients Need Supplemental Oxygen Reform



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for Respiratory Care



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American Association
for Respiratory Care

CONTACT CONGRESS
Improve access to
Pulmonary Rehab and to
Respiratory Therapists



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for Respiratory Care

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