

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.