



Respiratory Care Fly-In Washington D.C. Toolkit

September 15-16, 2025

Dear Colleagues,

For decades, the American Association for Respiratory Care (AARC) has championed the profession of respiratory care and the patients we are privileged to serve. Thanks to your efforts, we secured strong, bipartisan support for our top legislative priorities.

This year, our momentum continues—and our goals remain clear:

- **Fix the flawed Medicare oxygen payment system to protect access to respiratory therapists and liquid oxygen for those who depend on it most**
- **Make virtual pulmonary rehabilitation a permanent part of Medicare through telehealth**

We have active legislation in both chambers of Congress that addresses these priorities:

- **The Supplemental Oxygen Access Reform (SOAR) Act:**
H.R. 2902 / S. 1406.
- **The CONNECT for Health Act (Telehealth Expansion):** H.R. 783 / S. 248

I am particularly excited about this year's Fly-In. With these bills introduced and gaining traction, our voices are more important than ever. Whether you are a seasoned advocate or attending your first Fly-In, your participation makes a real difference. Thanks to the outstanding leadership of Advocacy and Government Affairs Committee Co-Chair Mike Madison and Theresa Cantu, we're offering a special orientation for first-time attendees to ensure you're fully prepared to engage with your elected officials.

Thank you for joining us in Washington, D.C. on **September 15 and 16** as we continue to elevate the respiratory care profession and push for policies that improve patient outcomes. Your dedication and energy are what make our advocacy efforts successful.

I look forward to seeing you there. Together, let's get these critical bills across the finish line.

With gratitude and determination,

Dana Evans, MHA, RRT, RRT-NPS, FACHE, FAARC, FNAP
President, American Association for Respiratory Care

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Important Contact Information

Contact details for event organizers and key personnel:

Miriam O'Day, Senior Vice President, Government Affairs
Miriam.oday@aacrc.org
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Heather Willden, Director of Governance and Strategic Initiatives
Heather.willden@aacrc.org

Michael Madison
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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

Agenda

Draft Fly-In Agenda **Crystal Gateway Marriott** 1700 Richmond Highway Arlington, VA 22202

September 15-16

Agenda is subject to change but start time and conclusion will remain the same

Day 1 – Monday, September 15

11:00 – 12:00	Meeting Registration	Heather Willden
12:00 – 12:15	Welcome	Dana Evans, AARC President
12:15 – 12:30	Opening Remarks	Daniel Garrett, Executive Director AARC
12:30 – 12:45	Working Lunch	Box Lunch Delivered
12:45-1:00	Welcome Address	Congresswoman Maxine Dexter (D-OR)
1:00 – 1:30	What to Expect on the Hill: An Overview What's Happening in Congress and Our "Asks"	Stefanie Rinehart CRD Associates Miriam O'Day
1:30 – 2:00	Regulatory Affairs Overview and Activities	Kay Moyer CRD Associates
2:00 – 2:30	The Patient Perspective on the need for Oxygen Payment Reform	Mary Kitlowski – President and Founder, Running on Air
2:30 - 3:00	The issues and the tools	Theresa Cantu, Co-Chair AARC Government Affairs Committee
3:00 – 3:30	Orientation for first time attendees	Mike Madison, Co-Chair AARC Government Affairs Committee
3:30 – 4:00	Role Playing Q&A with your faux members of Congress	Volunteers
4:00	Adjourn	
	Dinner on your own	

Day 2 – Tuesday, September 16

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

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.

Other Resources

- [Webinar What to Know Before You Go Fly in 2025](#)
- [Oxygen Payment Policy Revisions: Fiscal Implications](#)
- [Four Pillars of Oxygen Reform](#)
- [CMS Payment Must Reflect the Unique Role of Supplemental Liquid Oxygen](#)
- [SOAR Act Bill](#)
- [Sustainable Cardiopulmonary Rehabilitation Services in the Home Act](#)
- [Podcast with Miriam O'Day on SOAR Act and AARC Advocacy Efforts](#)
- [American Lung Association Lung Disease Prevalence](#)
- [CDC COPD Statistics](#)
- [Pulmonary Rehab Bill 2025 Letter to House and Senate Leaders](#)

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.

Discuss 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.

What We Are Asking For

Request: Co-Sponsorship of S 1406 or HR 2902 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.

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.

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/crystalaarc/2025-fly-in-hill-day-scheduled-meet>

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 Crystal Gateway Marriott and Reagan National Airport:** Complimentary shuttle service is available from the airport to the hotel every 30 minutes between 5:00 a.m. to Midnight. Shuttle pickup from DCA is located at door #4 or #7 by Terminal A.
- **Hotel Confirmation:** Crystal Gateway Marriott sends 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 September 1, contact Maricarmen Martinez at maricarmen.martinez@aacrc.org.
- **Check-In and Check-Out Dates:** If check-in and check-out dates are incorrect, please contact Maricarmen Martinez at Maricarmen.martinez@aacrc.org.
- **Expenses:** AACRC will cover hotel room and tax the nights of September 15 and September 16. 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.
- **Crystal Gateway Marriott Address:** 1700 Richmond Hwy, Arlington, VA 22202
- **Meeting Rooms:** Meetings will be held in Salons 5-6.

Getting Around the Washington DC Metro Area

The Crystal Gateway Marriott to Capitol Hill is approximately a 15-20 minute drive, depending on traffic conditions. Alternatively, you can take the Crystal City Metro, which is connected to the hotel and goes directly to Capitol South Station, 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. Additional details on the Washington, D.C. metro train system can be found [here](#).



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.

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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 May7 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 1406; House Bill 2902.

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. 783. For Senate offices the bill is S 248.

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 for 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@aarcc.org. Please be sure to include names of individuals and credentials when possible. Don't forget to tag @officialaarcc on Instagram!

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 the 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. Don't forget to tag your representatives!

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/26a352a6-ceb9-48a1-88d1-d8cc5c8e8a3a>
#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/26a352a6-ceb9-48a1-88d1-d8cc5c8e8a3a>
Use #oxygenreform, #SOARAct, #advocateforRTs
- *Medicare patients who need liquid oxygen can't get the systems they require. It's time for change. Urge Congress to act on #oxygenreform and pass the #SOARAct. Take action now:* <https://mstr.app/26a352a6-ceb9-48a1-88d1-d8cc5c8e8a3a>
#advocateforRTs

Support Telehealth Pulmonary Rehabilitation Reform

We need permanent telehealth/virtual pulmonary rehabilitation for Medicare beneficiaries (H.R. 783) co-sponsor of HR 783 or S 248. 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. 783)”, 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 #HR783

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](#)



