

## **BACKGROUND PAPER ON IMPROVING BENEFICIARY ACCESS TO RESPIRATORY CARE UNDER MEDICARE PART B**

### **Medicare Coverage of Respiratory Therapy:**

The AARC Medicare Respiratory Therapy Initiative seeks to revise Medicare coverage to permit the respiratory therapist to work under the general supervision of the physician and to recognize respiratory therapists who work outside of the hospital. Current law (referred to as “incident to a physician’s service”) limits the areas in which a respiratory therapist can work because the physician has to provide direct supervision when the respiratory therapist furnishes a service the physician would otherwise personally perform. Direct supervision means the physician has to be present in the office suite. The distinction between our Initiative and current law is the physician would not be required to be in the office, although he or she would have to be available by phone for consultation if needed.

### **As our Nation Recognizes Chronic Obstructive Pulmonary Disease (COPD) as the 4<sup>th</sup> Leading Cause of Death – AARC Proposes Improving Patient Access to Care**

AARC’s proposed changes to Medicare law will improve substantially patient access to care because the respiratory therapist could furnish a service to a Medicare beneficiary in the physician’s office without the physician being present. This change would allow respiratory therapists the flexibility to provide office-based spirometry or smoking cessation counseling; to perform certain home visits for ventilator and oxygen use; and to contract their services to a number of physicians for disease management programs or lung testing.

### **Medicare Has Not Kept Pace with Advances in Pulmonary Medicine and Services:**

Disease management programs, specifically those dealing with asthma and COPD, have a real chance for helping patients help themselves. Other kinds of patient education, such as smoking cessation or better education on aerosol devices and delivery are needed. Ventilator patients at home need management and assessment. AARC’s Medicare Respiratory Therapy Initiative will address these inadequate services and improve opportunities for better patient care.

### **Medicare Law Currently Recognizes the Services of Other Qualified Allied Health Professionals – AARC is Not Proposing an Entirely New Idea:**

A number of advanced-level allied health care providers, such as physician assistants, nurse practitioners, and clinical nurse specialists, currently furnish services without direct physician supervision. The AARC Medicare Respiratory Therapy Initiative will give advanced-level respiratory therapists similar recognition that they do not now have. AARC is proposing that a respiratory therapist would need to be a “registered” RT and have a bachelor’s degree to be eligible to participate under the new Initiative. Because other allied health professionals recognized by Medicare have a minimum of a bachelor’s degree, or in some cases a master’s degree or other advanced professional credentials, the AARC feels strongly that it is important to make a niche for the advanced practice respiratory therapist. The initiative will not change the status or impact the employment of respiratory therapists who do not meet these qualifications. About 33% of RTs in the country would qualify under the RRT/Bachelor’s guidelines; this legislation will create an incentive for respiratory therapists to achieve higher education and more advanced credentials ultimately benefiting the profession.

### **Better Patient Care, Better Data and Reduced Medicare Payments:**

AARC believes that better patient care will result from a change in the Part B statute and that Medicare payment amounts will be reduced as well. Physicians who are currently providing these services are paid an amount based on 100% of the Medicare fee schedule. If respiratory therapists were permitted to provide these services without the physician having to be physically present, Medicare would pay the physician a reduced amount based on 85% of the physician fee schedule. And, the physician practice would have more flexibility in utilization of the physician’s time. Passage of a measure such as this would also assure that data and facts are gathered showing the value of the respiratory therapist.