

Scope of Practice for Respiratory Therapists Practicing Under Part B Medicare

By the American Association for Respiratory Care (AARC)

Concerning scope of practice implications for qualified respiratory therapists providing services under the “medical and other health services” benefit of Medicare Part B.

The AARC has launched an Initiative that seeks to permit Registered Respiratory Therapists with a bachelor’s degree to provide respiratory services under Medicare Part B under the general supervision of a physician. Given the rather substantial unmet needs of patients with respiratory disorders, especially those with asthma and chronic obstructive pulmonary disease (COPD), the AARC feels that if this Initiative were enacted, the quality of respiratory patients’ care management and care-plan compliance would improve.

The question has been raised regarding compliance and consistency with the respiratory care scope of practice and individuals who would render services under this Initiative.

This paper is directed at providing a more detailed analysis of the legal and medically accepted scope of practice of the professional respiratory therapist and the manner in which this Medicare Initiative will increase access of patients to the services they need without compromise to the current scope of practice.

Consistency of Scope of Practice State by State

Over a quarter of a century ago the AARC developed a model respiratory care practice act with input from the respiratory therapy and pulmonary physician communities. This model legislative template has been used as the basis for state licensure laws in 48 states, the District of Columbia and Puerto Rico. The state respiratory therapy licensure laws have adopted, with virtually no changes, the scope of practice that is part of the Model Practice Act. This standardized scope of practice has been incorporated in the various state licensure laws for the purpose of promoting consistency in the quality and scope of respiratory therapy services provided nationwide. It also facilitates the movement and use of respiratory therapists from state to state.

National Education Standards

All accredited respiratory therapy education programs must conform to standards administered by the Council on Accreditation of Allied Health Programs. This assures standardization of all courses and other elements of the curricula, as well as consistency in the preparation of respiratory therapists to render the full respiratory care scope of practice.

This is the Scope of Practice adopted by the American Association for Respiratory Care:

“Practice of Respiratory Care” includes, but is not limited to: the administration of pharmacological, diagnostic and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a physician; transcription and implementation of the written or verbal orders of a physician pertaining to the practice of respiratory care; observing and monitoring signs and symptoms, general behavior,

general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general response exhibit abnormal characteristics; and implementation based on observed abnormalities, or appropriate reporting, referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a person licensed to practice medicine under the laws of the State of _____; or the initiation of emergency procedures under the regulations of the Board or as otherwise permitted in this Act. The practice of respiratory care may be performed in any clinic, hospital, skilled nursing facility, and private dwelling; or other place deemed appropriate or necessary by the Board; in accordance with the written or verbal order of a physician, and shall be performed under a qualified Medical Director.

Examples of Interventions Undertaken by Respiratory Therapists as Part of a Physician Practice

Respiratory therapists are needed in order to provide diagnostic testing for pulmonary disease, such as peak flow and spirometric measurements. Respiratory therapists are also needed to provide tobacco cessation intervention education and counseling. Respiratory therapists will also assess a respiratory patient's conditions along with their ability to appropriately utilize a variety of medicinal aerosol delivery devices. Respiratory therapists will also provide the education, when appropriate, on the proper use of the device or devices prescribed by the attending physician. Respiratory therapists will also monitor physician order compliance and provide counseling and remediation when indicated based on the results of assessment. We also are witnessing an increased utilization of respiratory therapists in chronic disease management, especially in the management of COPD and asthmatic patients. Exacerbations related to these diseases are prime contributors to increased healthcare resource consumption and decreases in quality of life.

These are but a few examples of services that respiratory therapists can provide in the physician practice setting. Respiratory therapists currently provide all of these services and more in other settings, such as the home, acute and subacute care facilities, and in clinics. There will be no change in the scope of practice if respiratory therapists are included under Medicare Part B.

This change is one of access, not scope of practice. This improved access should result in improved clinical outcomes, more effective medication management, and a higher quality of life for the patients.

Current Practice

At present respiratory therapists provide services in a variety of care settings. Private insurers recognize the value of a respiratory therapist when providing services as an employee of the physician's practice. However, the use of respiratory therapists has not been optimized given their exclusion under Medicare Part B.

The AARC feels that the Part B Initiative will promote greater access to respiratory services, which are indispensable to the successful management of patients with pulmonary diseases. This is especially true in rural health settings where there is an acknowledged shortage of specialists, including pulmonologists.

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