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**Respiratory Care Advisory Council Minutes**  
September 8, 2020

The meeting was called to order at approximately 2:00 pm on September 8, 2020 via live stream conference.

<b>Members in attendance:</b> Harish Kakarala, MD Amy Rodenhausen, RRT Karen May, RRT Robert Pelfrey, RRT Cindy Groeniger Ted Warren, MD Sanja Keller, RRT	<b>Staff in attendance:</b> Cierra Lynch, Stakeholder Liaison Chelsea Wonski, Legislative Director Jill Reardon, Director of External Affairs	<b>Guest:</b> Susan Ciarariello, RRT
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### **I. Approval of Minutes**

Ms. May moved to approve the minutes from June 9, 2020. Dr. Kakarala seconded the motion.

Ms. Reardon introduced Ms. Wonski who has replaced Jonithon LaCross as the new Legislative Director.

### **II. Legislative Update**

Ms. Wonski provided updates on the following bills:

- **SB 246 (Occupational Licensing Reciprocity)** – Ms. Wonski shared an update from the last board meeting. She stated the legislative team had met with bill sponsors to request changes for the board to retain the ability to vet out-of-state applicants at the same standards of in-state applicants. The bill sponsors were receptive to the request and many were granted. There are some issues remaining, including the five-year look-back limitation which would only allow the board to review an applicant's background up to five years prior to the date of application. The team will continue to advocate for an unlimited look-back. The bill is still in committee in the Senate.

Dr. Warren joined the meeting.

- **HB 203 (Mobile Dental Services)** – This bill passed out of legislature the previous week and is awaiting governor signature. The bill was amended to include language from SB 303 around pharmacy consult agreements. It authorizes pharmacists to enter into consult agreements with certain advanced practice registered (ARPN) nurses and physician assistants (PA) to manage patient drug therapies. It also allows pharmacists to order and evaluate lab and diagnostic tests. The amendments were added at the end of committee and went straight to the floor for vote.
  - **HB 263 (Occupational Licensing)** – This bill would require the Medical Board to provide a comprehensive list of criminal offenses that would prevent a person from becoming licensed in Ohio. This limits the board to only consider the listed offenses when making a determination on an applicant with a prior conviction and would only permit it to review
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the previous five years. When the bill was in the Senate, the board worked with a consortium of state health care boards to present amendments to the sponsors, however very few were included in the House-passed version of the bill.

- HB 341 – This bill passed out of the legislature the previous week. It authorizes pharmacists to administer long-acting extended release drugs to treat drug addiction. An amendment authorized certain ARPNs and PAs to develop protocols that permit individuals and employees to personally furnish or administer naloxone. This bill is awaiting the governor's signature
- HB 492 – This bill expands PA abilities to perform procedural sedation for rapid intubation. The language would also change supervision agreements to collaborative agreements. Due to concerns regarding scope of practice, the legislative team is meeting with board members and stakeholders to address.
- HB606– This bill passed out of the legislature and provides civil immunity for health care and emergency services provided during a government declared disaster or emergency for exposure, transmission, or contraction of coronaviruses. The final bill extends protection through September 2021 and has been delivered to the governor.
- HB 679 (Telehealth) – The legal team drafted amendments around initial visits, consistency, and standard of care, Medical Board rule making authority and synchronous technology, which will be reviewed at the next ad hoc telehealth committee meeting.

Ms. Keller joined the meeting.

### **III. Rule update**

Ms. Reardon stated there were two rules up for discussion; one which will be effective September 30 and another that will have a hearing.

Ms. Lynch provided an update for OAC 4761-6-01 and 4761-7-04, regarding the competency form and education verification form the board receives from L1 permit holders. At the end of the month, the board will provide a new form for verifications. The education verification form is final; however the board is still working on the competency verification form. Instead of educational providers sending a list to the board each time one permit holder completes a competency, the new format will exclusively occur between the educational provider, the student, and the employer. The board plans to have the rule drafted by the next council meeting and may schedule an additional council meeting prior to the December meeting to provide a chance for members to review the draft.

Ms. Lynch continued, there is a virtual public hearing scheduled for a respiratory care ethics course on September 24 at 1:30 p.m. The rules define the criteria for ethics courses. She invited the council members to view the hearing and submit comments before September 24.

Ms. Reardon referred the council to the respiratory care licensure numbers from the board's Annual Report. The report displayed licensing from 2018, 2019, and 2020 as well as a graph depicting peaks of licensing over the course of a year.

### **IV. Sue Ciarariello speaks for the Ohio Society for Respiratory Care (OSRC)**

The group resolved a technical issue.

Ms. Ciarariello stated at the first RCAC meeting in May 2018, members spoke with Executive Director Groeber concerning goals for the council. One member discussed advancing the practice of respiratory care. Ms. Ciarariello assured the council the OSRC is not asking for immediate action items from the council or the board.

She shared her intent for the discussion:

- To introduce and find the concepts of advanced respiratory therapists
- To review the progress made nationally and locally to advance the practice
- To specifically discuss Ohio State's master's program including curriculum and clinical education
- To educate and evoke dialogue concerning the APRT, its value and role with all stakeholders

Ms. Ciarariello stated since fall of 2019, there have been four separate statewide forums and provided a highlight of the presentations.

Ms. Ciarariello defined an advanced practice respiratory therapist as a non-physician, advanced practice provider like APRN or PA. It offers a clinical ladder for respiratory therapists and requires a minimum of a master's, possibly a doctorate degree. It builds on a bachelor's in respiratory care to create an advanced practice provider uniquely prepared to care for cardiopulmonary patients. It provides services under the supervision of a licensed physician and the scope of practice is determined by that physician related to the care of patients with cardiovascular or cardiopulmonary conditions. It would fill a niche role, instead of a general role.

The American Association for Respiratory Care (AARC) began efforts to advance the practice in 2007/2008 with an announcement regarding the vision for respiratory care and its role in disease management. Since that time, the AARC has published two documents to show the gap in current cardiopulmonary care and the need for a non-physician advanced practice provider with specific skills for these patients.

Ms. Ciarariello referenced an article out of *Chest* entitled "Adequacy of Provider Workforce for Persons with Cardiopulmonary Disease." A study published in May 2020 concluded there are gaps between the patients needing cardiopulmonary treatment and the providers available with the needed expertise.

The second article was published on June 30, 2020 in *Respiratory Care* entitled "Physician Support for Non-Physician Advanced Practice Providers for Persons with Cardiopulmonary Disease." This was a third-party survey of 1,400 physicians trained to work in cardiopulmonary disease including sleep specialists, pulmonologists, critical care physicians, allergy and immunology physicians, pediatricians, and anesthesiologists.

In response to the question of the current need for an advanced practice provider, physicians responded in the affirmative:

<b>Physicians</b>	<b>Percentage</b>
Sleep specialists	91.5 percent
Pulmonologists	75 percent
Critical care physicians	71 percent
Allergy and immunology	63 percent,
Pediatricians	61 percent
Anesthesiologists	53.5 percent

In response to the question of an advanced practice provider to meet the future need, physician physicians responded in the affirmative:

<b>Physicians</b>	<b>Percentage</b>
Sleep specialists	91 percent
Pulmonologists	83.5 percent
Critical care physicians	77 percent
Allergy and immunology	71 percent,
Pediatricians	69.5 percent
Anesthesiologists	59 percent

Ms. Ciaraliello reiterated the results suggest there are a majority of specialists that care for cardiopulmonary patients and have an interest in an advanced provider with specific expertise. In reviewing current and future need in relation to in-patient and outpatient, about 70 percent were interested in current need and between 72 and 77 percent for future need. The report also demonstrated the majority of respondents were interested in hiring an advanced practice provider. Providers were specifically asked for their interest even if the advanced practice provider would not be able to bill for their own direct services. The AARC is addressing this issue at the CMS level.

The AARC has developed a definition and scope for the advanced practice respiratory therapist, included in the proposed legislative language. The AARC acts as the professional organization. The Commission for the Accreditation of Respiratory Care (CoARC) is the agency that oversees accreditation of the educational program. CoARC has developed program accreditation standards that were introduced in 2016. They also developed a brief discussion of core competencies that would be expected from an advanced practice master's degree program. The full document of expectations is available on the CoARC website. The competencies and standards were developed with significant physician input, addressing competencies for in-patient environment, intensive care, mechanical ventilation, and the pulmonary environment. The standards have been endorsed by the American College of Chest Physicians, The American Thoracic Society, and the American Society of Anesthesiologists. The third group that credentials respiratory therapists is the National Board for Respiratory Care (NBRC). It is committed to developing the APRT competency certification and credentialing exam and has trademarked the credential RRT-APRT or APRT-RRT. All three groups have been working since approximately 2008 to move the effort forward.

The Ohio State University Respiratory Therapy Advisory Committee, which oversees the bachelor's program and master's program, has expressed frustration with the number of graduates and employees leaving the profession to pursue an advanced practice degree, such as an APRN, CRNA, or PA. The committee suggested exploring the need and developing a program for advanced practice in Ohio. The committee also conducted a survey in 2012 that showed the need in Ohio.

Ms. Ciaraliello pointed the council to a publication in *Respiratory Care Education Annual* from 2014. With the information, the committee gave approval to pursue the APRT curriculum if they could secure physician support for the training and clinical education. The program received approval from the university, the Department of Education, and CoARC accreditation. This is the first APRT program in the country and it has a capacity of 15 students per year. The first class started in January 2020 and has 7 students enrolled. Graduation is expected in 2021.

Ms. Ciaraliello pointed the council to the OSU curriculum in the materials. They have collaborated with the doctoral programs in the college of health sciences and the advanced practice nursing program. The first required class is Evidence Based Practice: Critical analysis of measurement and diagnostic test and the second semester they take Evidence Based Practice 2: Critical analysis of intervention research and systematic review. Both courses are expected for anyone in a graduate master's level or doctorate level program. The students are taking three of the same courses required by APRNs: pathophysiology of altered health state, advanced health assessment and advanced pharmacology. All of their clinical education is provided by physician faculty at OSU Wexner Medical Center and Nationwide Children's Hospital, with the option to choose an adult or pediatric track.

The OSRC was the first in the country to require associate degrees for respiratory therapists in 1997, which made all respiratory therapists registry eligible. The RRT credential assesses the ability to make decisions to implement protocol-based care. Ohio was the first state for licensure in 2015 and had no opposition. When beginning the process for licensing APRTs in Ohio, the OSRC met with Medical Board staff in July 2019 to let them know about the upcoming efforts. It also announced education forums for the fall of 2019. The goal of the regional forums was to educate all stakeholders and be a collaborative, multi-disciplinary setting. A variety of people attended.

The last session was held on August 25, 2020. The OSRC shared the proposed language for the Legislative Service Commission (LSC). Soon, the association intends to seek a legislative sponsor. Ms. Ciaraliello shared key sections of the language.

*APRT definition: An individual who holds a current valid license issued under this chapter but authorizes the practice of respiratory care as an advanced practice respiratory therapist.*

*License to practice as an APRT: Providing to individuals and groups care that required knowledge and skills obtained from an advanced formal education, training, and clinical experience. Such care includes performance of services delegated by a supervising physician and diagnosis and treatment of patients with cardiopulmonary disease or condition including prescribing, ordering, securing, personally furnishing, and administering drugs and medical devices*

Ms. Ciaraliello read the qualification description and explained that the APRT would need to enter into a supervision agreement with a physician.

Ms. Keller shared her enthusiasm from the recruitment perspective in the opportunity for career advancement for respiratory therapists. She also expressed concern about the national shortage of respiratory therapists and how this could help in the future.

Dr. Kakarala asked if the current OSU students would graduate at the end of 2021.

Ms. Ciaraliello confirmed and stated the students began in January 2020.

Dr. Kakarala asked if OSU is the only school in the nation with this program.

Ms. Ciaraliello responded that many masters programs exist throughout the country, but none are specific for an advanced practice provider. There are currently five programs in the state of Ohio offering bachelor's degrees. She presumed others may begin offering advanced practice degree program if a license exists to allow graduates to find work as an advanced practice provider.

Dr. Kakarala referred to the OSRC update materials document and asked about the CoARC statement on the second to last page. Some included language gave the impression that good students without a respiratory care background could enter the APRT program.

Ms. Ciaraliello replied it is her understanding that students must have a bachelor's in respiratory care from a CoARC accredited program. She shared some people complete a bachelor's while others receive an Associate's, followed by a completion program, but both require the same qualifications. She assured the council she will follow-up and provide a definitive response.

Ms. Keller agreed with Dr. Kakarala that the language was vague and mentioned it was intended to address a specific student situation.

Mr. Pelfrey asked if the OSRC has discussed administration of the credential exam with the NBRC.

Ms. Ciaraliello replied the OSRC has been talking with both the NBRC and AARC. It is a technicality to develop a credentialing exam because there is no one in the profession currently functioning in the role. It may take some time for the exam; however a competency certification will likely be more expeditious and could be available between now and when licensing occurs. The details of the credentialing exam are still undecided.

Ms. Ciaraliello shared there was a meeting in the afternoon to finalize the bill draft, then the OSRC will take it to a legislative sponsor. If they receive permission, they will share it. She also invited any questions from the council.

Ms. Lynch interjected she received the last-minute rule from DODD. She stated they would send out the rule individually to the members of the council for comment.

## **V. Adjournment**

**Dr. Kakarla moved to adjourn the meeting. Ms. Keller seconded the motion.** The meeting was adjourned at 3:37 p.m.

j.s.