



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MIKE ZIMMER
DIRECTOR

**MICHIGAN BOARD OF RESPIRATORY CARE
November 6, 2015 MEETING**

APPROVED MINUTES

In accordance with the Open Meetings Act, 1976 PA 267, as amended, the Michigan Board of Respiratory Care met on November 6, 2015, at the Ottawa Building, Conference Room 4, 611 West Ottawa Street, Lansing, Michigan 48933.

CALL TO ORDER

Richard Tooker, MD, Chairperson, called the meeting to order at 10:09 a.m.

ROLL CALL

Members Present: Richard Tooker, MD, Chairperson
Jeremy Bainbridge, LRT, RRT
Beverly Cherwinski, Public Member
Debra Dix, LRT, RRT, CPFT
Veena Erinjeri, LRT
Carl Haas, LRT, RRT
Cheryl Sherburn, MPA, LRT, RRT

Members Absent: Shari Heydenburg, LRT
Helene Wiltse, Public Member

Staff Present: Amy Schneider, Secretary, Boards and Committees Section
Karen Carpenter, Policy Analyst, Boards and Committees Section
Elaine Barr, Policy Analyst, Boards and Committees Section

APPROVAL OF AGENDA

MOTION by Bainbridge, seconded by Haas, to approve the agenda as presented.

MOTION PREVAILED

APPROVAL OF MINUTES

MOTION by Dix, seconded by Bainbridge, to approve the May 1, 2015 meeting minutes as presented.

MOTION PREVAILED

REGULATORY CONSIDERATIONS

None

OLD BUSINESS

None

NEW BUSINESS

Need for Board Input on FAQ's

Haas inquired if the Board could be informed of all inquiries regarding scope of practice issues. Carpenter responded that all questions can be forwarded to the Department regarding scope of practice or other rules pertaining to the practice of Respiratory Care. She explained the Board authority is limited by the Public Health Code. Haas suggested for the Board to review the questions that are asked of the Department to determine whether a FAQ should be generated. He also suggested that the Board review the current FAQ's to determine whether any require updating. Carpenter will share FAQ's inquiries with the Board in the future as requested.

CEUs – Human Trafficking and potential to add other CEU requirements

Bainbridge inquired about the Human Trafficking rules and the potential to add other CEU requirements. Barr and Carpenter explained the rule addressing human trafficking was a "training" requirement and did not constitute CE requirements. It was suggested to contact the Michigan Society for Respiratory Care (MSRC), association for the addition of CEU requirements.

NBRC's Annual September "State of the Licensure Liaison Group" meeting

Haas attended the State Licensure Liaison Group (SLLG) meeting hosted by the National Board for Respiratory Care (NBRC), as current NBRC President. The meeting was held in Olathe, Kansas on September 14, 2015. Haas summarized presentations from the meeting. Handouts from the seminar were made available to board members. See Addendum #1. Haas encouraged Board members or staff members to participate in the annual meeting, which is typically held at the NBRC home offices in the fall. An invite from the NBRC is sent to all licensure boards annually. The NBRC will pay for one Board member representative (Board member or Board administrator) to attend the event.

No one from our Board attended this meeting for the past two years. It was suggested that the topic "Attendance at NBRC SLLG meeting" be placed on the agenda of the first or second meeting of the year to ensure that attendance is considered.

Department Update

Barr introduced Karen Carpenter as the new Policy Analyst who will be working with the Board on its rules.

PUBLIC COMMENT

Bainbridge thanked Chairperson Richard Tooker and Board member Carl Haas for their service on the Board.

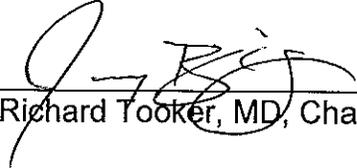
ANNOUNCEMENTS

The next regularly scheduled meeting will be held February 5, 2016 at 10:00 a.m. in the Ottawa Building, 611 W. Ottawa Street, Conference Room 4, Upper Level Conference Center, Lansing, Michigan.

ADJOURNMENT

MOTION by Haas, seconded by Bainbridge, to adjourn the meeting at 11:05 a.m.

MOTION PREVAILED


Richard Tooker, MD, Chairperson Per Richard Tooker 2-5-16
Date Minutes Signed

Prepared by:
Amy Schneider, Board Secretary

November 6, 2015

ADDENDUM #1

9/14/2015

**2015 State Licensure Liaison
Group Meeting -
NBRC: Past, Present, Future**
Presented by
Lori M. Tinkler, MBA
Associate Executive Director and Chief
Operating Officer

How Do We All Fit Together?

- AARC – professional society
- CoARC – accrediting body
- NBRC – credentialing agency
- State Licensing Boards – regulate practice for each state
- Lambda Beta – honor society

- Each operate as separate independent organizations with different roles and responsibilities
- Work collaboratively to support the respiratory care profession

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**The NBRC –
Who, What, How**

- Was originally formed in November 1960 to credential respiratory therapists
- Has supported the profession through development of national credentials for 50 years
- Acts to ensure the continued recognition and value of the national credentials

**The NBRC is sponsored by four
professional organizations...**

- American Association for Respiratory Care (AARC)
- American College of Chest Physicians (ACCP)
- American Thoracic Society (ATS)
- American Society of Anesthesiologists (ASA)

NBRC Board of Trustees

- AARC 15 respiratory therapists
- ACCP (CHEST) 5 physicians
- ASA 5 physicians
- ATS 5 physicians
- The NBRC also elects one public member to complete the 31-member governing body

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**NBRC Credentials are
Standards of Excellence**

- Certified Respiratory Therapist (CRT)
- Registered Respiratory Therapist (RRT)
- Certified Pulmonary Function Technologist (CPFT)
- Registered Pulmonary Function Technologist (RPFT)
- Neonatal/Pediatric Respiratory Care Specialist (CRT-NPS or RRT-NPS)
- Sleep Disorders Specialist (CRT-SDS or RRT-SDS)
- Adult Critical Care Specialty Examination (RRT-ACCS)

**NBRC upholds leading standards
for credentialing respiratory care
professionals**

- Maintains membership in the Institute for Credentialing Excellence (ICE)
- Assures the credentialing programs are accredited by the National Commission for Certifying Agencies (NCCA)
 - *The NBRC was one of the first 4 groups to obtain NCCA accreditation and is the only certifying body to continuously maintain its accreditation since 1977.*

NBRC Credentialing Examinations

- Daily testing by computer Monday-Saturday
- Two sessions per day - 9:00 a.m. and 1:30 p.m.
- Offered at over 190 Assessment Centers throughout the country and 70 International locations
- Locations and maps for driving directions are available on the NBRC's website: www.nbrc.org

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Application Process

- School confirms graduation (electronic process or certificate of completion/ graduation)
- Candidate may apply, pay examination fee, receive eligibility confirmation and schedule a testing appointment in one online session at www.nbrc.org
- Paper applications are also accepted and candidates can call toll-free to schedule testing appointments

Examination Results

- The NBRC shares examination results with states using the entry-level CRT Examination for licensure
- The NBRC also shares examination results with accredited education programs and the Commission on Accreditation for Respiratory Care (CoARC)

Candidates Receive Instant Examination Results on the Test Date

- Final score report issued upon leaving the Assessment Center
- Candidate photos printed on the score report
- Reapplication Instructions provided if needed

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**NBRC Credentials are
recognized by**

- State licensure agencies
 - Currently, 47 states regulating respiratory care practice recognize the CRT credential as the requisite credential for demonstrating competence at beginning practice. Two (2) states - California and Ohio - require the RRT credential for initial licensure.

**Continuing Competency Program
Effective July 1, 2002**

- CE Credit - 30 hours/5 years
- Pass examination for highest credential
- Pass examination not previously completed

Continuing Competency Program

- Requires all individuals who earn a NBRC credential on or after July 1, 2002 to participate
- Credentials earned after July 1, 2002 are valid for five years
- Continuing Competency Program does not effect credentials earned prior to July 1, 2002, but individuals can voluntarily participate in the program

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**Continuing Competency Program
Requirements**

- CE Credit – 30 hours/5 years
 - AARC CRCE approved courses
 - Respiratory care specific courses approved for state license renewal/continuing education
- Pass examination for highest credential held
- Pass examination not previously completed

CCP Implementation Actions

- General information is provided through the annual renewal process.
- Pending credential expiration notices provided as follows:
 - one year prior to expiration - official letter notice
 - six months prior to expiration - follow up reminder postcard
 - 90-days prior to expiration
 - 30 day prior to expiration – final reminder

CCP Continuing Education Submission

- Online process at www.nbrc.org
- Random audit
- Simple and easy
- Can renew via CE up until the day before credential expires

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NBRC Disciplinary Database

- Established 19 years ago
- Repository for disciplinary actions
- NBRC uses it to protect the public and the profession through the Judicial & Ethics Committee

NBRC Disciplinary Database

- Advantages
 - Allows authorized users to directly input disciplinary actions into the database
 - Automatically notifies NBRC of actions
 - Allows users to run reports
- A final order **MUST** be received before the NBRC can take action!
- Database enrollment

Judicial & Ethics Policies

- NBRC protects the public and the profession through the Judicial & Ethics Committee
- The Judicial & Ethics Committee takes action against people who:
 - violate testing rules
 - misuse credential trademarks
 - commit practice-related offenses or serious crimes
 - have their state license revoked or suspended

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SLLG Extranet

- **Main SLLG Extranet Site**
 - Allows us to communicate with you and you to communicate with each other
 - Includes a discussion board feature
- **Individual State Sites**
 - Allows for confidential communication between the NBRC and each State
- **Users are assigned**
 - There is no limit to the number of users for each State
- **Run CRT Passers report at any time**

Other NBRC Activities

- **Annual active status renewal allows CRTs, RRTs, CRT-NPS, RRT-NPS, CRT-SDS, RRT-SDS, RRT-ACCS, CPFTs and RPFTs to certify active practice under medical direction**
 - Quarterly newsletter- *NBRC HORIZONS*
 - NBRC Directory of active credentialed practitioners
 - Online, searchable directory of all credentialed practitioners
 - Purchase products at reduced fees (i.e., pins, patches, credential verification letters)

What's New at the NBRC?

- **Therapist Multiple-Choice Examination:**
 - New exam implemented January 2015
- **CSE Examination:**
 - Changes implemented January 2015
- **PFT Examination:**
 - New exam implemented in June 2015

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PFT Examination Changes

- Similar to the CRT and RRT Written examinations, the CPFT and RPFT written exams were redeveloped to become a single written exam with two cut scores
 - Passing the lower level, CPFT credential granted
 - Passing higher level, RPFT credential granted

Examination Vouchers Now Available

- Examination vouchers allow third parties to pay the full examination fee and receive a voucher code to be dispersed to examination candidates.
- Candidates input the voucher code when applying for the examination to receive the examination fee credit.
- Vouchers are only valid for one year from the date of purchase and for the specific examination purchased.

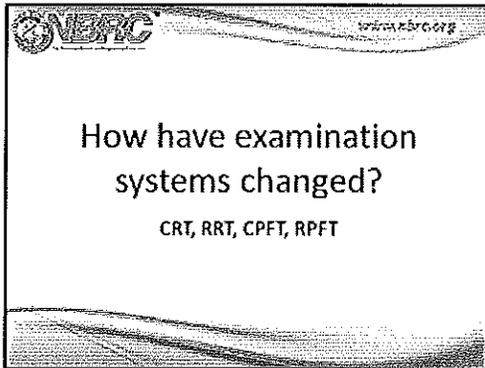
Recertification Commission

- Convened on September 17, 2015
- Review and Evaluate the Current NBRC CCP for currency and applicability
- Discuss options for changes to the program
- Representation from related organizations

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Questions?

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MBRC
www.mbr.org

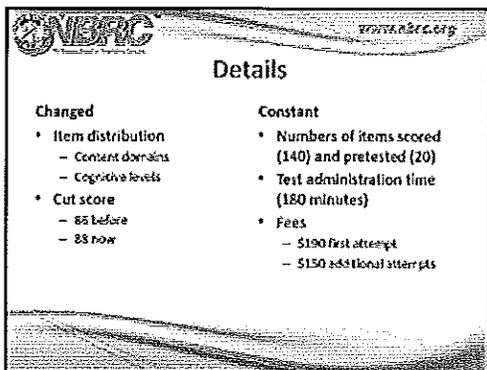
How have examination systems changed?

CRT, RRT, CPFT, RPFT



MBRC
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CRT

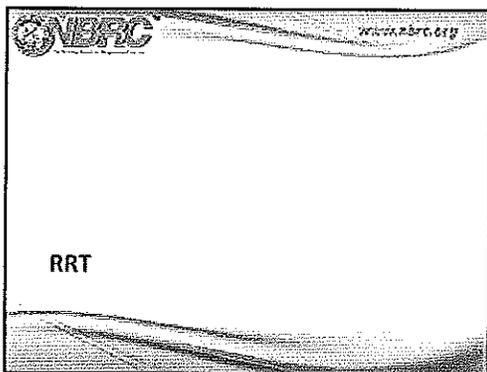


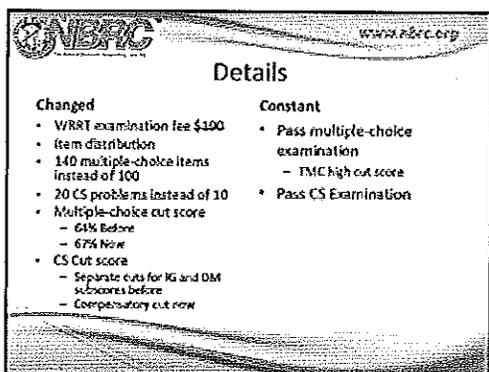
MBRC
www.mbr.org

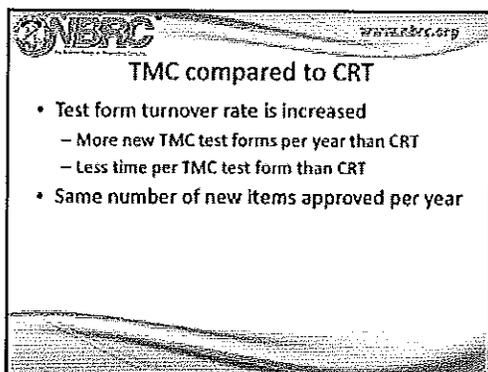
Details

Changed	Constant
<ul style="list-style-type: none">• Item distribution<ul style="list-style-type: none">- Content domains- Cognitive levels• Cut score<ul style="list-style-type: none">- 85 before- 88 now	<ul style="list-style-type: none">• Numbers of items scored (140) and pretested (20)• Test administration time (180 minutes)• Fees<ul style="list-style-type: none">- \$190 first attempt- \$150 additional attempts

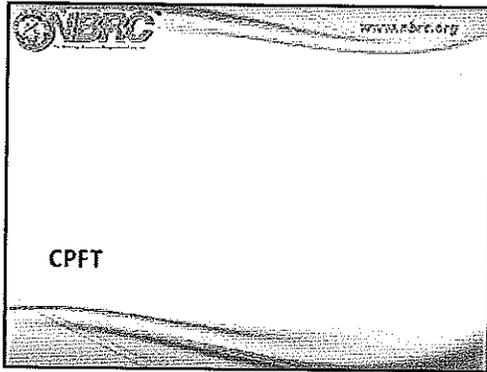
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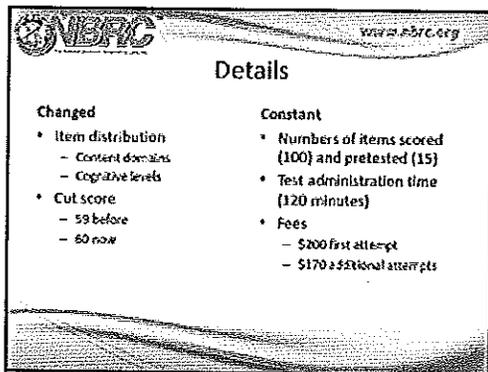


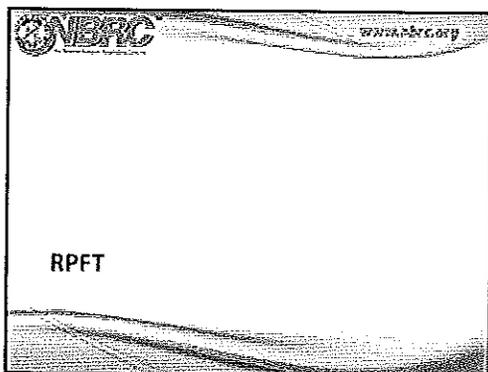




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Details

Changed	Constant
<ul style="list-style-type: none">• RPFT examination fee \$200• Cognitive level distribution• Cut score<ul style="list-style-type: none">- 56 before- 73 now	<ul style="list-style-type: none">• Numbers of items scored (100) and pretested (15)• Test administration time (120 minutes)• Fees<ul style="list-style-type: none">- \$200 first attempt- \$170 additional attempts



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TMC compared to PFT

- Passing at TMC high cut makes one eligible to take the CS examination
- Passing PFT at the high cut achieves the RPFT credential

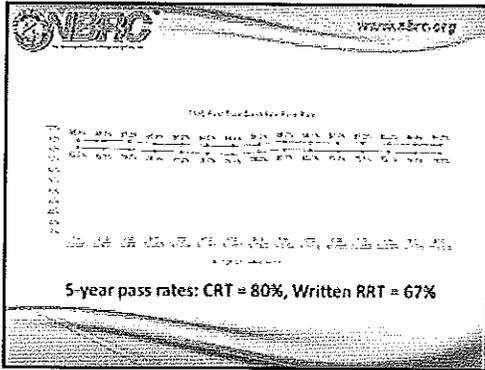


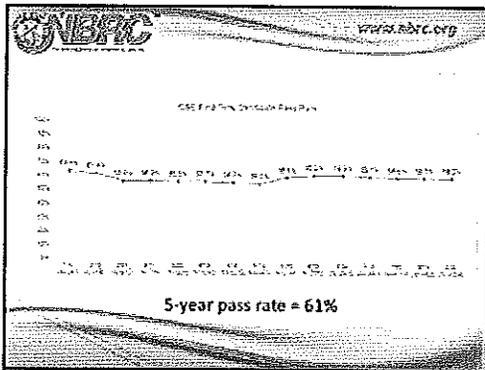
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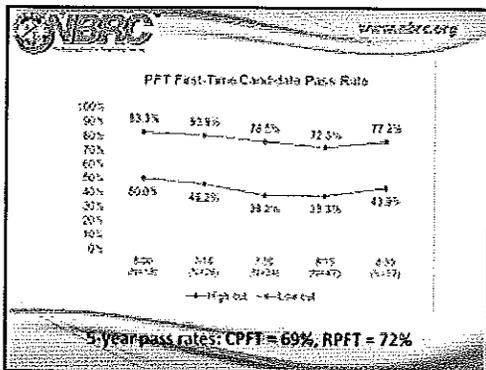
TMC Examination
CS Examination
PFT Examination

PASS RATE TRENDS

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Summary

- Examination system for the
 - CRT credential is mostly the same
 - RRT credential has changed in several respects
 - Number of examinations and testing sessions
 - Number of cut scores
 - Fees
- Examination system for the
 - CPFT credential is mostly the same
 - RPFT credential is different regarding cognitive level and fees



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Summary About First Time Successes

- TMC low cut and high cut are respectively higher compared to CRT cut and Written RRT cut
 - Success % is greater in spite of increased standards
- Pass rate for general therapists who take the CS Examination is lower

Outcome	2010 - 2014 (%)	First 8 months of 2015 (%)
CRT	83	87
CS eligible	67	73
CS	61	58



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Summary About First Time Attempts

- 8 months into the year, more than 1,300 people have stopped at the TMC
- If those who stopped had to take the CS, what pass rate would you expect?

Examination	N
TMC	6,023
CS - 50% pass	4,664
Deferrals	1,259

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Summary About First Time Successes

- PFT low cut and high cut are both respectively higher compared to CPFT cut and RPFT cut
 - Candidates could opt out of the RPFT comparison before
 - All candidates are compared to the RPFT standard now

October	2014 - 2014	First 2 months of 2015
CPFT	69	77
RPFT	72	84

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GOOD QUESTION



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**RT State and Federal Issues
Update**

NBRC/AARC State Licensure
Board Meeting
September 2015

**HR 2948 The Medicare
Telehealth Parity Act**

- o Medicare telehealth coverage expands "originating sites" beyond the current rural & professional shortage areas to other health sites including the patient's home
- o Expands providers eligible to provide telehealth services to: certified diabetes educator, respiratory therapist, physical therapist, occupational therapist, speech language pathologist, audiologist

**HR 2948 The Medicare
Telehealth Parity Act**

- o Expands services that can be provided via telehealth to: respiratory services, audiology services, and outpatient therapy services, including PT, OT
- o Includes COPD as one of the chronic conditions covered under remote patient monitoring services

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Congress Intrigued with Telehealth

- Can be less expensive, keeps people out of hospitals, increases patient access esp. in remote or under served areas
- But big issues to consider:
- How to control costs & assure no overutilization
- Will telehealth be a substitute for face to face appointment or in addition to?

Telehealth & the States

- State consideration:
- Licensing remote telehealth practitioners
- If you electronically interact with patients in other states or prescribe medication (physicians) across state lines, do you should you/ how do you establish "licensure" in those other states- w/o another state license?

Recent State Tele Laws Passed w/RT Impact

- 2015 -- DE enacted telehealth Medicaid bill includes RTs as providers
- 2014 -- LA enacted law that expands coverage of telehealth services, lists professions permitted to provide telehealth in RTs listed
- 2014 -- VT enacted law that increases Medicaid coverage of telehealth services for patients that include those with COPD, asthma and pneumonia

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State Licensure Compact

- Telehealth licensing issue might be addressed in some states by passing profession specific Compact laws
- Compact: Participating states agree to a multi-state license for practitioners
- Practitioners must live in a Compact state to get this lic. and multi-state lic. good only in another Compact state

Nurse State Licensure Compact: How It's Done

- Nurses 24 states have Compact
- Physicians about 7 states
- Bill language for nurses must mirror Nat'l Licensure Compact Model Leg
- <http://www.ncshn.org/nurse-licensure-compact.htm>
- The state legislature must enact the bill
- State Bd. of Nursing must implement the Compact, takes approx. 1 year

Licensure Compact Legislation

- 2015 Leg Session first time many states with Compact-like bills for EMTs
- CO, NV, TX all enacted CT, KS, OR bills but not passed
- Most likely for fast/disaster response and/or efficient use of staff than aimed to address telehealth services issue but it should be noted that the Compact idea includes EMTs

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RT Licensure: Sunset, Repeal, Consolidation, Privatize

○ **SUNSET**

- Clearly state RT leadership and societies recognize Sunset renewal is no longer just a "ceremonial" process

NM, CO & IL Sunset review 2015
NM & CO required a written Report assessing the "performance" of RT Licensure
Rept went to Legislature which made the final decision via a law

RT Licensure: Sunset, Repeal, Consolidation, Privatize

RTs provided as much input as appropriate...

NM and CO Reports recommend RT Licensure be continued Legislatures agreed but with much RT hand holding

Note: CO Society was able to have a state reviewer "shadow" RTs in various settings- huge positive impact on Rept's recommendations

RT Licensure: Sunset, Repeal, Consolidation, Privatize

- IL interesting as confidence high that no too. changes via Sunset process would happen
- ISRC look "advantage" of this supportive climate to not only "pass" Sunset but include fairly major revisions to the RT law.
- Provides a RT transport exemption; revise RT scope to include cardio pul. Dx. mgt., & provides a more explicit & detailed DME exemption

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RT Licensure: Sunset, Repeal, Consolidation, Privatize

- SUNSET
- Hawaii 2016 RTs bracing for their first sunset review
- HI State Agency Jan. 2015 asked for input, reached out to AARC & HI Society with very detailed questions

● EK. of the type of Q's (17 of them)
● What are the current or emerging issues affecting the profession of respiratory therapy?

Hawaii Sunset 2016

● Does AARC think consumers' health, safety, or welfare can be jeopardized by the nature of services provided by RTs? Why or why not? Please describe, and provide supporting documentation if possible

Hawaii Sunset 2016

● Do RTs perform any physically invasive or potentially hazardous procedures that require specialized training?

● Does AARC think that regulating RTs unreasonably restricts entry into the field of respiratory therapy or caused a shortage of RTs? Why or why not?

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Sunset Hawaii 2016

- HI Auditor's Report on HI RT Licensure Sunset issued June 2015.....
- RTs should continue to be licensed
- "We found respiratory therapists frequently conduct their work in highly autonomous settings. Respiratory therapists also now perform procedures that have a significant potential for causing harm"
- 2016 goes through the legislature to finalize

RT Licensure: Sunset, Repeal, Consolidation, Privatize

- REPEAL
- TX & MI
- Texas: 18 month Saga
- Initial State Agency Rept recommends RT Licensure (+18 other professions) be repealed not needed (NBRC credential sufficient)
- Intense response from TX Society, TX RTs, AARC, NBRC, patients
- Final State Rept: Keep RT licensure, put under TX Medical Bd.

TX RT Licensure Repeal Saga

- Final Rept goes to TX legislature...
- Bill introduced to make it happen
- Looks good
- Then looks bad: One legislator inserts controversial social amendment onto RT bill
- Would have killed bill...
- BUT pressure applied, amendment pulled
- Bill goes to Governor, signs it in June
- Huge 18 month effort by TX Society and TX RTs, RT's will be taken out of TX Licensing Agency and put under TX Med. Bd. and get an Advisory Cmte

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Michigan RT Licensure Repeal Saga

- o Going into it's 3rd year
- o Based on a 2012 Gov't Rept recommending licensure repeal of many professions, including RT
- o MI Society ramps up finds legislator to champion a bill that stays further de-Ed, legislative effort
- o Interest from legislators not gone, but diverted to other issues
- o MI Society and RTs & their outside lobbyist ever vigilant as it could pop up again at any time

RT Licensure: Sunset, Repeal, Consolidation, Privatize

- o **CONSOLIDATION**
- o Stand-alone licensure boards are disbanded
- o Regulation of some professions (not just health) shifts to umbrella state licensing agency
- o FI: Approximately:
 - o 1/3 RT Lic. Boards stand alone
 - o 1/3 Under umbrella of Medical or Physician Licensure Board
 - o 1/3 RT Boards under a state licensing agency

RT Licensure: Sunset, Repeal, Consolidation, Privatize

- o **CONSOLIDATION**
- o Consideration movement most concerning to stand alone RT Lic. Bds.
- o Stand alone Licensure Boards tend, repeal tend to be more autonomous and have more freedom to issue rules, position statements, etc.
- o Stand alone boards tend, repeal tend to have more actively involved RTs as Bd. members and meet more frequently

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RT Licensure: Sunset, Repeal, Consolidation, Privatize

CONSOLIDATION
H- bill to dissolve RT Lic. Bd. (& others) put under one agency. Substitute or replace original and no RT Bd. included

WV- bill to absorb and consolidate nearly all state alone Lic. Bds, including docs and nurses (not a good idea)... that bill allow bds the option to share admin services ex. IT

NC- independent Bds, replaced and put under a state occupational licensing agency, includes RT, nurses but not docs

North Carolina Board of Dental Examiners v. Federal Trade Commission

US Supreme Court ruling in NC re dentists vs teeth whitening techs

Dentists held techs were practicing dentistry without a license; issues cease and desist order

SCOTUS says no... Dentist Bd. made up of dentists can't be objective

CHing effect on authority of Lic. Bd to stop unauthorized practice

North Carolina Board of Dental Examiners v. Federal Trade Commission

Dentist Bd. is to oversee dentists, overseeing non lic. persons is restricted

Bd. can go to state to request that state file action

BD. can file it's own suit But ...

Bd can't just issue cease and desist orders

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LRT Licensure: Sunset, Repeal, Consolidation, Privatize

- Privatize
- IN two attempts
- 2012 State Agency Rept. -RT licensure not needed, NBRC credentials will suffice.
- IN RTs, NBRC and AARC vigorously opposed
- NBRC response included "we are a voluntary organization; have no subpoena power, no authority to investigate; no background ck. required," etc.
- Effort to de-fo. never made it to Legislature

RT Licensure: Sunset, Repeal, Consolidation, Privatize

- Privatize
- IN 2016 another legislative attempt
- Allow private employers involved with an occupation or discipline to apply to state, meeting criteria to become "accredited" & thus an official state "certification" entity
- State approved certified entities termed "Supportive Organizations"
- Persons in the occupations who have been certified by the Supportive Organization would be considered registered by the state

RT Licensure: Sunset, Repeal, Consolidation, Privatize

- Privatize
- To qualify as a Supportive Organizations entity must show: testing, credentials (setting and repeal), continuing education, and define the scope of practice & if test it
- Basically outsourcing regulating a profession to private entity
- Big concern... do never required the education or the testing/credentials for a discipline/profession to have been accredited as valid from an independent accreditation source

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RT Licensure: Sunset, Repeal, Consolidation, Privatize

- o Privatize
- o To repeal...would leave defining of the scope of practice to the outside entity, could be anything it wanted regardless of education and/or testing
- o Many professions opposed bill, final decision: make it a pilot program and not include any health professions

Licensure: Sunset, Repeal, Consolidation, Privatize

- o What AARC advises RT Societies:
- o Never take the Sunset process for granted as a foregone conclusion...
- o Every State RT Society under the Sunset in last 2 years "gets" it
- o Also warn Societies that the Sunset process doesn't mean the last of "it", de-lic/repeal efforts can come anytime in many forms

RRT Only for Licensing

- o States that have revised requirements to move to "RRT Only" for entry into the profession
- o OH - through regs
- o CA enacted law
- o NC passed House in Cmte might/might not make it, but will eventually
- o All provide lead in time, all provide grandfather clause and time for "new" CRTs to get the RRT

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RRT Only for Licensing

- o Moving to RRT for state license
- o Which state(s) have shown "Interest"
- o OR via reg change at the request of the Oregon Society
- o NJ & GA have contacted AARC asking for info and what other states have done

State Bills/Laws of Interest

- o AZ enacted a law to delete temporary RT licenses
- o AL enacted health care workers to report if they are infected with certain conditions, HIV, Hepatitis B and now Hepatitis C, includes RTs
- o IL enacted extensive bill noted in previous slide... used the required sunset bill to revise RT provisions

State Bills/Laws of Interest

- o GA enacted health care practitioners, including RT must identify themselves to patients as a licensed practitioner
- o TX enacted similar law must have identification when working in hospitals
- o OK enacted so health care practitioners, including RTs must submit info to a Health Care Workforce Regulatory Bd. for so. renewals. Less invasive than earlier versions

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State Bills/Laws of Interest

- o CA bill to expand scope to include:
 - o Extra Core-respiratory support (both ECMO and ECCO 2R), Conscious and Deep Sedation
 - o Cardio-Respiratory Education
 - o Bill expected to pass
- o CA bill to give CA RC Lic. Bd. additional powers for temporary suspension of RCP licenses in cases of particularly heinous crimes

For current CA law prohibits Lic. Bd from notifying an employer if a RT has been charged with a crime, this bill would change that

State Bills/Laws of Interest

- o NJ bill amends scope adds disease management, specifically permit RTs to provide protocols, allow NPs and PAs to give RT orders and deletes temporary RT licenses
- o NY bill adds RTs as providers of out of hospital services in order to transition patients from the hospital to home or nursing home

State Rules and Regs of Interest

- o FL - lowers lic. renewal fees; changes procedures for approval of attendance at continuing ed courses, allows additional CE credit for AIDS education; clarifies the requirements for licensure by endorsement
- o NJ - significant revisions to regs including authorized practice, applicant qualifications, temp licensure, licensure by endorsement, license renewals, unlicensed practice, and continuing education

9/14/2015

State Rules and Regs of Interest

- CA Clarifies RC Lic Bd. shall review the driving history of each applicant as part of its application screening process
- Increases the # of CE hours required for biannual renewal from 15 to 30 hours to align w/ other similar CA allied health professional requirements
- Modifies courses recognized for CE credit

State Rules and Regs of Interest

- AR extensive revamp including:
- the process for CEUs: application for licensure, forms, licensing by exam, by waiver of exam, temp license, reciprocity, renewal, reinstatement, refusal, revocation, and/or suspension of license, fees....
- HH describes the license renewal application packet required documents for renewal of license and the procedure for reinstatement applications

State Rules and Regs of Interest

- IN revises license fees
- NC revise CEs, & must be "live"
- NV revises rules for RT qualifications
- DE amends rules to state that a license that has expired may be renewed within one year after the expiration date

9/14/2015

Conclusion

- Continued legislative and regulatory changes at the state (and federal) level will impact the licensed RT and RT services provided to the public
- As a result, there must be continued communications and when appropriate joint efforts between RT State Societies and the RT Licensure Boards/Councils/Committees
- Thank You

CoARC Update



**COMMISSION ON ACCREDITATION FOR
 RESPIRATORY CARE**

2015 NBRC SLLG Meeting

CoARC Update

Tom Smalleg, PhD, RRT, RFPF, RPSGT, FAARC
 Executive Director

What Does CoARC Do?

- Hold programs accountable to the profession, consumers, employers, students and their families, practitioners — and to one another by ensuring that program goals and outcomes are appropriate to prepare individuals to fulfill their expected roles;
- Evaluate the success of a program in achieving its goals and outcomes;
- Assess the extent to which a program meets accreditation standards;
- Inform the public of the purposes and values of accreditation and to identify programs that meet accreditation standards.
- Foster continuing improvement in programs — and, thereby, in professional practice.

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Program Numbers by CoARC Level as of September 1, 2015 (n=439)

	200 level (base programs)	300 level (U.S. sub-EETs)	400 level (Sleep cert)
Continuing Accreditation	325	13	7
Initial Accreditation	N/A	N/A	N/A
Probationary Accreditation	13	0	0
Provisional Accreditation	26	0	0
Inactive Accreditation	2	0	0
Approval of Intent	1	0	2
Letter of Intent	1	0	0
Total # of Associate Degree Programs			316 (85.1%)
Total # of Baccalaureate Degree Programs			60 (14.0%)
Total # of Master's Degree Programs			3 (0.9%)

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CoARC Update

Reports on Accreditation Data

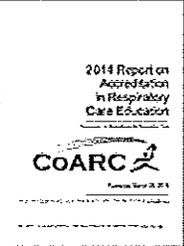
- As of March 2015, the following data is now reported on CoARC's web site (www.coarc.com/47.html) as an aggregate for the three previous reporting years (2011-13) from the 2014 RCS:
 - 3-year time period being reported;
 - CRT and RRT credentialing success;
 - Attrition;
 - Job placement; and
 - Total number of program enrollees and graduates during that period.
- The web page above also provides a link to an [interactive map](#) of all CoARC programs and related program information as of December 31, 2014.

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2014 Report on Accreditation

The 2014 Report on Accreditation in Respiratory Care Education provides:

- descriptive statistics of CoARC Programs as of 12/31/14;
- accreditation actions taken in 2014;
- aggregated statistics of graduate, enrollment, and outcomes data for the 2014 RCS as well as data related to AARC 2015 and Beyond;
- The report is available for download at www.coarc.com.



2014 Report on Accreditation in Respiratory Care Education
CoARC
November 2014

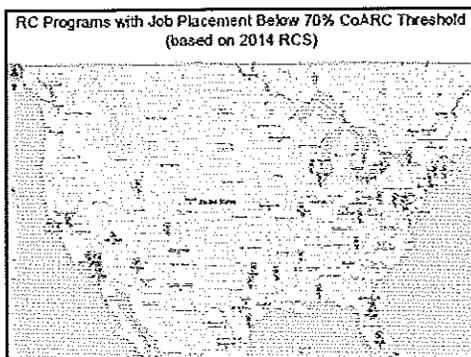
Report on Accreditation Highlights

- A majority (52.5%) of PDs have earned a master's degree, with 34% having a baccalaureate and 13% having a doctorate;
- Total applications decreased by 12.9% between 2011 and 2013.
- Total new enrollments decreased by 5.3% compared to 2012. However, new enrollments increased by 7.5% for baccalaureate programs, and by 14.6% for master's programs.
- Total graduates decreased by 3.6% compared to 2012. This was the first decrease in total graduates observed over the past 5 years.

CoARC Update

Report on Accreditation Highlights

- The mean attrition rate remained at 19.1% with 12 programs above the 40% threshold;
- The mean placement rate decreased by 0.7% to 84.6% with 39 programs below the 70% threshold;
- The mean CRT credentialing success increased by 0.6% to 92.4% with 39 programs below the 80% threshold; 85 programs had a higher mean (96.3%) than AS programs (91.8%);
- The mean RRT credentialing success increased by 4.5% to 67.9% with 85 programs having a higher mean (82.3%) than AS programs (65.5%);
- 56 ASRC programs and satellites (including 49 at a 4-Year College/University) are capable of offering a baccalaureate entry program.



2015 Annual Report of Current Status

- The 2015 RCS due date was July 1st;
- The data collected for the 2015 RCS will focus on the reporting years for 2012, 2013, and 2014 (i.e., outcomes data from January 1, 2012 thru December 31, 2014);
- The validation and review of the 2015 Annual Report of Current Status (RCS) will be completed by September.
- CoARC Board will be collecting outcomes data from the new TMC exam over the next several years and will probably establish a TMC high cut score threshold.

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CoARC Update

Definition of Graduation

- The new NBRC Therapist Multiple Choice (TMC) admissions policies require the applicant to "be a graduate and have a minimum of an associate degree issued by the sponsoring educational institution."
- Both CoARC and the NBRC have a mutually-agreed upon definition of the point at which a student is considered a graduate (and therefore can apply to the TMC Examination).
- For RCS reporting purposes, programs must record the actual graduation date for each student in the Student Profile section of the RCS (as opposed to when the student completes the program, for example).

On-Time Graduation Rate Threshold

- Defined as the Total #of On-time graduates divided by the total number of graduates. This is calculated as the number of students who graduate with their enrollment cohort (i.e., within thirty (30) days of their expected graduation date) divided by the total number of students who graduated on-time and students who graduated after the expected graduation date.
- The 70% threshold will be effective with the submission of the 2015 Annual Report of Current Status due July 1st.

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Development of an RRT-based Threshold

- In May 2010, CoARC stopped making accreditation decisions based on the RRT Credentialing Success results (obtaining the RRT credential is voluntary in 48 states).
- With the new NBRC TMC Exam, all graduates entering the profession must take a written examination with two cut scores. Achieving the higher cut score means the graduate earns the CRT and are eligible to take the Clinical Simulation Exam.
- CoARC is gathering data over the next couple of years in order to identify a high cut score threshold (i.e., a minimum percentage of graduates in a three-year reporting period must achieve the higher cut score). An announcement will be made once the data has been reviewed and a threshold established.

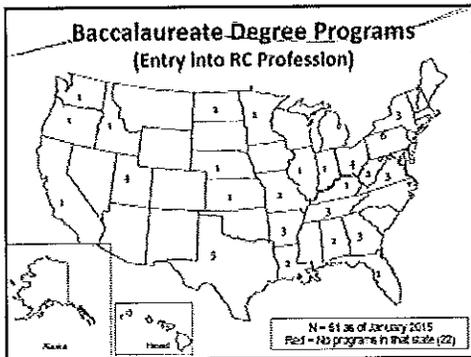
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CoARC Update

Revised CoARC Policies and Procedures
 Effective January 1, 2015

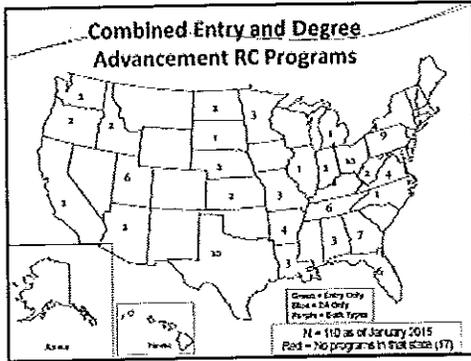
- International programs eliminated from scope of accreditation;
- Initial Accreditation status has been eliminated;
- All programs and options (degree tracks, satellites, and sleep) will have a self-study and site visit prior to each accreditation status change;
- CoARC program ID numbers must be added to the status disclosure of a program;
- For full details of policy changes, visit www.coarc.com/31.html

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CoARC Update



Entry into Practice Baccalaureate Degree Eligibility – Program #s

Table 18 - Baccalaureate Degree Eligibility-Number of Programs for 2013 (2-441) and 2014 (2-438)

Baccalaureate Degree Eligibility Category	2013 Programs (2-441)	2014 Programs (2-438)
I. Sponsoring institution offers a baccalaureate degree RC program	58	54
II. Sponsoring institution offers baccalaureate degrees in other disciplines	66	66
III. Sponsoring institution located in a state that authorizes community colleges to teach bachelor's degrees under certain circumstances	77	68
IV. Sponsoring institution cannot offer a baccalaureate degree		

Entry into Practice Baccalaureate Degree Eligibility – Enroll/Grad #s

Table 19 - Baccalaureate Degree Eligibility-Enrollment Capacity and Graduates for 2013 (2-441) and 2014 (2-438)

Baccalaureate Degree Eligibility Category	Enrollment Capacity (2013)	Actual Enrollment (2013)	Enrollment Capacity (2014)	Total Graduates (2013-2014)
I. Sponsoring institution offers a baccalaureate degree RC program	1,265	625	1,175	1,200
II. Sponsoring institution offers baccalaureate degrees in other disciplines	4,337	1,841	3,308	1,954
III. Sponsoring institution located in a state that authorizes community colleges to teach bachelor's degrees under certain circumstances	2,006	1,146	2,153	1,272
IV. Sponsoring institution cannot offer a baccalaureate degree				

CoARC Update

Mandated Credit Limits are Here to Stay

- Many states/institutions have mandated credit limits for associate and baccalaureate degrees.
- Although we do not mandate a minimum number of credits, the CoARC cautions the state/institution that reducing hours may increase the risk of impairing the students' ability to pass national credentialing exams which would then threaten a program's accreditation.
- Programs that do not get a full or partial exemption through their state often must decide what courses or content to eliminate to preserve the curriculum and maintain positive outcomes.

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2014 Review of Credit Hours

The following findings are part of CoARC's recent audit of program's compliance with disclosure requirements:

Number of Programs Whose Info Could Not Be Found	42
Number of Programs Whose Info Was Not Provided in Credit Hours	7
Average Number of Credit Hours for the Associate Degree (n=338)	77
Average Number of Credit Hours for the Baccalaureate Degree (n=57)	123
Average Number of Credit Hours for the Master's Degree (n=2)	36
Average Number of Credit Hours for the Step Certificate (n=5)	9

CoARC's will be conducting a follow-up audit as part of its review of the 2015 RCS submission.

Significant Changes to New Entry Standards

- CoARC will continue its outcomes-centered approach to the accreditation review process;
- Given the significant shifts to a competency-based approach to accreditation, revisions in the 2015 Standards reflect an increased emphasis on student learning outcomes (at the RRT level) that focus on the competencies and attainment levels reached by respiratory care students prior to entry into the profession.

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CoARC Update

Why the Emphasis on Competencies?

- Increasing shift from a traditional, curriculum-centric approach of defining required courses to an outcomes-centric approach that establishes requisite competencies as the primary means to assess the achievement of expected student learning outcomes.
- Increased demand for allied health professionals who offer a wider range of clinical skills, greater experience in independent practice, more flexibility in adapting to various practice settings, and who are culturally sensitive, team-focused, and possess interpersonal and listening skills.

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2015 Entry Standards Timeline

- Entry Standards endorsed by AARC, ATS, ASA, and ACCP and became effective June 1, 2015;
- CoARC is currently updating self-studies, surveys, applications, and other documents related to the revised Standards;
- Webinars will be provided to key personnel and site visitor retraining on implementing the revised Standards (Spring 2016);
- CoARC will begin assessing compliance with the outcomes portion of the new Standards as part of the 2015 annual report of current status submission.
- Programs with self-studies due on or after January 1, 2015 will be required to demonstrate compliance with the 2015 Standards.

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Degree Advancement Programs

- A degree advancement (DA) program (aka 'degree completion') is an educational program designed specifically to meet the needs of the practicing respiratory therapist who, having already completed an accredited respiratory care program with an earned entry into respiratory care professional practice degree wish to obtain advanced training in respiratory care.
- The Degree Advancement Standards are designed to recognize the competencies and value-added above and beyond the entry into respiratory care professional practice degree.

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CoARC Update

Degree Advancement Program Eligibility

- Entry into respiratory care professional practice degree programs offering advanced standing to individuals who already have an ASRT or BSRT degree can apply for optional accreditation of their degree advancement program.
- Sponsoring institutions offering a free-standing degree advancement program can also seek accreditation review.
- All degree advancement students must be graduates of a CoARC-accredited entry into respiratory care professional practice degree program prior to entry into the program.

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2015 DA Standards Timeline

- Final draft approved by Board and sent to AARC, ATS, ASA, and ACCP for endorsement;
- DA Standards endorsed mid-June 2015;
- CoARC will be developing self-studies, surveys, applications, and other documents related to the new Standards;
- Anticipate accepting applications by fall 2015;
- Provide webinars to key personnel and site visitor retraining on implementing the Standards (Spring 2016).

CoARC

Time for a mid-level practitioner!

- Advanced practice respiratory therapists (APRTs) function as mid-level providers, who assess patients, develop care plans, order and provide care and evaluate and modify care based on the patient's needs and response to therapy. The APRT will provide and direct care under the guidance of a supervising physician, often directed by clinical protocols.

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CoARC Update

APRT Program Eligibility

- Programs with a strong focus on advanced clinical education are eligible for accreditation.
- Sponsors must be regionally accredited and offer a minimum of a Master's degree upon completion of the program;
- All APRT students must be graduates of a CoARC-accredited Entry into Respiratory Care Professional Practice degree program and hold the Registered Respiratory Therapist (RRT) credential prior to entry into the program. All APRT students must be geographically located within the United States for their education;
- PD must have a doctoral degree; DCE must have a Master's degree.

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2015 APRT Standards Timeline

- Approved Standards sent to the AACRC, ATS, ASA, and ACCP for endorsement in early January; AACRC endorsed APRT Standards on 2/18/15.
- Awaiting ASA endorsement;
- CoARC will be developing application and self-study/site visit documentation in summer/fall 2015;
- CoARC will review, discuss, and approve APRT documentation by late 2015;
- Anticipate accepting APRT applications by mid 2016.

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Other Accreditation Issues of Interest to State RC Licensure Agencies

- Regulation of out-of-state programs (update):
 - Out of state schools are required to receive approval and pay a fee if their students perform clinical rotations/attend distance education in states that have state authorization initiatives.
 - Sept 2014 – 29 states have been approved by the National Council for State Authorization Reciprocity Agreement (SARA).
 - <http://www.nc-sara.org/content/sara-and-licensed-professions>

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CoARC Update

Other Accreditation Issues of Interest to State RC Licensure Agencies

- NC-SARA and the four regional compacts that administer SARA have an expectation, set forth in the reciprocity agreement, that any college that offers courses or programs potentially leading to professional licensure must keep all students informed as to whether such offerings actually meet state licensing requirements.
- Although SARA will supersede the degree authorization function for such an agency for some purposes, it will not preclude that agency from performing other duties under state law, including determinations of whether a program meets requirements for state licensure in professional fields.

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Other Accreditation Issues of Interest to State RC Licensure Agencies

- **Higher Education Reauthorization Act and Federal Government Agenda:**
 - Reauthorization process continues;
 - Focus on accountability, outcomes and affordability;
 - Obama admin – increased oversight of higher education with accreditation as proxy to enforcement;
 - Senate – focus on for-profits continues;
 - House – focus remains on cost reduction, decreased regulation, competency based education, promoting innovation (e.g., MOOCs);
 - Gainful employment, program level default rates.

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Upcoming CoARC Board Meetings

November 19-21, 2015
Bedford, TX

March 10-12, 2016
Bedford, TX

June 24-26, 2016
Verda, FL (AARC Summer Forum)

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