**AMERICAN ASSOCIATION FOR RESPIRATORY CARE**

*BUSINESS PLAN*

# HOUSE OF DELEGATES

Resolution # \_\_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_

Resolved that\_ **the AARC Board of Directors and Executive Office collaborate with the State Affiliate Charters and the NBRC to develop a strategic transitional plan, complete with timetable, to require minimum entry-level for respiratory therapist licensure to be the RRT credential.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## The resolution shall be one clear statement, as simple as possible

**Executive Summary**

The profession must evolve from our past in order to meet the challenges of healthcare reform. HB 2619, introduced in the US House of Representatives this year, requires respiratory therapists to possess the minimum of a baccalaureate degree to qualify for Medicare reimbursement. The NBRC will eliminate the CRT exam in 2015 and have one exam with a CRT pass rate and RRT pass rate. The NBRC has publicly stated that they will evaluate the possibility to end the CRT credential after the new Therapist Multiple Choice (TMC) exam begins in 2015. The NBRC recognizes that the skill set of CRT and RRT is so similar that one test can be used. A new grad can take the new TMC exam and Clinical Simulation within a week of graduation and become an entry level employee. The advance credentials are now the NPS, RPFT, SDS and ACCS and the RRT should be the entry level credential.

The AARC developed “2015 and Beyond” to begin this evolution. Developing a strategic plan around the RRT as minimum for licensure is a necessary step prior to a bachelor’s degree as minimum entry level in the future. The transition plan has been described in the “2015 and Beyond” documentation available on the AARC website.

**The transition plan remains incomplete. In particular, assuring that credentialing and licensure recommendations evolve and addressing implications of changes in licensure, credentialing and accreditation are incomplete and must include transitioning licensure requirements from CRT to RRT as minimum entry level as a licensed respiratory therapist. As leaders in the profession, the HOD should direct the AARC Executive office and Board to develop a strategic transitional plan for RRT as minimum for state licensure.**

This resolution fits well with the AARC Strategic Objectives which included “Refine and expand the scope of practice…ensure competent care…establish professional standards….advocate for federal and state healthcare policies that enhance patient care, access and professional practice”. Improving the professionalism of the RT workforce will increase AARC membership and finances as it has in other professions such as PT.

The time for action is now. ***As leaders, we see our profession falling further behind other professions in licensure and education minimums and are concerned about the unintended consequences of not taking action.***

**Outcome** expected from resolution (short term and long term) (attach sheets, if necessary).

Moving the profession forward to meet standards comparable to other therapist professions, such as physical therapy, speech pathology, occupational therapy, all of whom have higher educational requirements for entry level into their respective profession.

**Strengths** include utilizing the new Therapist Multiple Choice exam and clinical simulation exam as the new standard for RRT as minimum entry level into the profession.

**Weaknesses** include the difficulty in transitioning from the plethora of two year programs utilizing articulation agreements with bachelor’s level programs. Supporting the two year programs will be essential to the success of this transition.Opening state licensure laws is always a potential hazard as other interests may alter RT licensure for their own agenda.

**Opportunities** include strengthening the relationships and defining the transition between two and four year programs while supporting the growth of the profession

**Potential Barriers** include resistance from a large number of 2 year programs, resistance from the AARC Executive Office and Board of Directors, resistance from CoARC, and resistance from current respiratory therapist. The need for legislative action and the possibility of opening RT licensure legislation to create this change. Some state laws will only require changes in regulations while others may require changes in legislation.

**Financial Impact**

**Cost estimate** include the individual 2 and 4 year colleges to develop articulation agreements supporting student transition to bachelors programs. Organizational costs for the AARC, CoARC and the NBRC to create the strategic and implementation plans.

**Resources Required**

**AARC Resource in time,** **dollars** (if applicable) Assessment of workforce impact perhaps based upon the Manpower Survey, estimates of RT retirements and those leaving the profession, calculations of the number of replacement workers/new grads, calculations of the impact of RRT as minimum entry level on pass rates for the RRT exams.

**Volunteer Resources in time** would include time communicating to 2 and 4 year programs, time working with state licensing boards and time necessary to implement regulation or legislative changes.

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This resolution will impact the following (check all that pertain):

\_\_\_\_\_AARC Bylaws Section\_\_\_\_\_\_\_\_ \_\_X\_\_\_Executive Office \_X\_\_\_\_AARC Officers & BOD

\_\_\_X\_\_HOD \_\_X\_\_NBRC \_X\_\_\_\_Affiliates

\_\_\_X\_\_General Membership \_\_X\_\_\_State/Federal Legislation \_X\_\_\_\_CoARC

\_\_\_X\_\_\_Other (Please list) education programs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to AARC's Strategic Plan:

\_\_X\_\_\_Develop Art & Science of RC \_\_\_\_\_Develop Human Resources \_X\_\_\_\_Increase Membership

\_\_X\_\_\_Increase Financial Resources \_\_X\_\_\_Increase Organizational Effectiveness \_\_\_\_\_Not Related

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