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

Prepared by:
Amy Schneider, Board Secretary

November 6, 2015
2015 State Licensure Liaison
Group Meeting –
NBRC: Past, Present, Future
Presented by
Lori M. Tinkler, MBA
Associate Executive Director and CEO
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
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
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-P 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 150 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
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
- Recapplication instructions provided if needed
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 Idaho - 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 affect credentials earned prior to July 1, 2002, but individuals can voluntarily participate in the program
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
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
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
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
How have examination systems changed?

CRT, RRT, CPFT, RPFT

**Details**

**Changed**
- Item distribution
  - Content areas
  - Cognitive levels
- Cut score
  - Before
  - After

**Constant**
- Numbers of items scored (140) and pretested (40)
- Test administration time (180 minutes)
- Fees
  - $500 initial application
  - $500 additional attempts
Details

Changed
• WABE examination to $200
• Item distribution
• 140 multiple-choice items
  instead of 100
• NCEs no 10s instead of 10
• Multiple-choice cut score
  - 60th Percentile
  - CS Certification
  - Separate cut score for RD and RD
  - Separate cut score

Constant
• Pass multiple-choice examination
• Pass NCE test score
• Pass CS Examination

TMC compared to CRT
• Test form turnover rate is increased
  – More new TMC test forms per year than CRT
  – Less time per TMC test form than CRT
• Same number of new items approved per year
Details

Changed
- Item distribution
  - Content domain
  - Cognitive levels
- Cut score
  - 55 before
  - 60 now

Constant
- Numbers of items scored (100) and pretested (15)
- 1st administration time (130 minutes)
- Fees
  - $300 first attempt
  - $170 additional attempt

CPFT

RPFT
Details

<table>
<thead>
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<th>Changed</th>
<th>Constant</th>
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<tbody>
<tr>
<td>• RPFT examination fee $400</td>
<td>• Number of items scored (100) and pass/fail (15)</td>
</tr>
<tr>
<td>• Cognitive level distribution</td>
<td>• Test administration time (120 minutes)</td>
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<tr>
<td>• Cut score</td>
<td>• Fees</td>
</tr>
<tr>
<td>- 56.6%</td>
<td>- $200 first attempt</td>
</tr>
<tr>
<td>- 72.8%</td>
<td>- $120 additional attempts</td>
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</table>

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

TMC Examination
PFT Examination
PASS RATE TRENDS
5-year pass rates: CRT = 80%, Written RRT = 67%

5-year pass rate = 63%

5-year pass rates: CPFT = 59%, RPFT = 72%
Summary

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

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.

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?
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.

<table>
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<th>Outcome</th>
<th>2019-2020</th>
<th>First 2 months of 2021</th>
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<tbody>
<tr>
<td>CPFT</td>
<td>29</td>
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<tr>
<td>RPFT</td>
<td>32</td>
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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

- Medicare telehealth coverage expands "originating sites" beyond the current rural & professional shortage areas to other health sites including the patient's home
- 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

- Expands services that can be provided via telehealth to; respiratory services, audiology services, and outpatient therapy services, including PT, OT
- Includes COPD as one of the chronic conditions covered under remote patient monitoring services
Congress Intrigued with Telehealth
- Can be less expensive, keeps people out of hospitals, increases patient access, etc., in remote or underserved 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 still need to establish "licensure" in those other states with another state license?

Recent State Tele Laws Passed w/RT Impact
- 2013 - WI enacted telehealth Medicaid inclusive benefits provision
- 2014 - LA enacted tele that expands coverage of telehealth services, all providers permitted to provide telehealth services
- 2014 - VT enacted tele that increases Medicaid coverage of telehealth services for patients in areas with acute respiratory distress syndrome

State Licensure Compact
- Telehealth licensing issues might be addressed in some states by passing profession specific Compacts.
- Compact Participating states agree to a multistate license for practices.
- Compact or states must live in a Compact state to get the lis., and multistate lis. good only in another Compact state.

Nurse State Licensure Compact: How It's Done
- Nurses 34 states have Compact
- Physicians also 7 states.
- Legislation for nurses must mention Nurse Compact licensing.
- https://www.nursepractice.org/nurse-compact.html
- The state legislature must enact the bill.
- State Bd. of nursing must implement the Compact, (not approved 1952).

Licensure Compact Legislation
- 2015 Leg Session First Time many states with Compact did 61s for EMTs.
- CO, NY, FL all enacted CT, KS, OR 61s but not passed.
- Most likely for fast/barrier response and efficient use of staff than afraid to add health services issue. But it should be noted that the Compact idea includes EMTs.
RT Licensure: Sunset, Repeal, Consolidation, Privatize

- SUNSET
  - Clearly state RT leadership and societies recognize Sunset Review is no longer just a "ceremonial" process
  - NJA, CO, & IL Sunset review 2015
  - NJA & CO required a书面 Report assessing the "performance" of RT licensure
  - Rept went to Legislature which made the final decision via law

RT Licensure: Sunset, Repeal, Consolidation, Privatize

RT provided as much input as appropriate...

- NJA and CO Reports recommend RT Repeal be considered legislation agreed but with much RT hand holding

Note: CO Society was able to have a state review via "shadow" RTS in various settings: huge positive impact on Rept's recommendation

RT Licensure: Sunset, Repeal, Consolidation, Privatize

- It appears as confidence high that no major challenges via Sunset process would happen
  - SRC took "advantage" of this supportive climate to not only "pass" Sunset but include
  - a large majority of the RT laws
  - Provides a RT passport exemption; revise RT scope to include cardio-pulm Dr, mgmt, &
  - provides a more explicit & detailed CME exemption
RT Licensure: Sunset, Repeal, Consolidation, Privatize

- SUNSET
- Hawaii 2016 RTs' request for their final sunset review
- RTs Agency Jan. 2015 asked for input, reached out to AARC & RT Society with very detailed questions
- ET of the type of Q's (17 of them)
- What are the context of 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

- Does 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?
Sunset Hawaii 2016
- HI Auditor's Report on HI RT License Sunset issued June 2015...
- HI should continue to be reviewed
- "We found respiratory therapists frequently conduct their work in highly autonomous settings. Respiratory therapy 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 & AN
  - Texas: 10 month Saga
  - Initial State Agency Repeal recommends: RT Licensure (All other professions to be repealed and not needed, NBRC credential sufficient)
  - Response from TX Society, TX Wts., AARC, NBRC, patients
- Consolidate: Keep RT licensure, put under TX Medical Bd.

TX RT Licensure Repeal Saga
- First step: go to TX legislature...
  - INTRODUCE... and hope it passes
  - State Board: Care Law byems contingency social amendment and RT Licensure
  - Would have a bill...
  - SB 1 pressure applied, amendment pulled
  - Sggt goes to Committee, Sign 3 in June
  - Huge 15 month effort by TX Society and TX State Senate is taken out of TX Licensing Agency and put under TX Dept. of Ed and give an Advisory Order
Michigan Board of Respiratory Care
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Michigan RT Licensure Repeal Saga
- Going into its 4th year
- Based on a 2012 Governmental Emergency Repeal of many professions, including RT
- Medical Society steps up fight with letters to champion
- All nine Standing Committees in legislative effort
- Faced with legislation not gone, but revised to other laws
- Medical Society met with outside body/whatever vigilant as it could pop up again at any time

RT Licensure: Sunset, Repeal, Consolidation, Privatize
- Configuration
- Stand-alone licensure blocked and challenged
- Repeal of nursing profession and just hire more academicians and layoffs of students to face tests, pass tests, etc.
- 1/3 not renewable; 2/3 renewed state licensing agency

RT Licensure: Sunset, Repeal, Consolidation, Privatize
- Configuration
- Current state movement must change to state alone or VL
- Stand-alone licensure blocked and repealed and to hire more academicians and layoffs of students to face tests, pass tests, etc.
- 1/3 not renewable; 2/3 renewed state licensing agency
RT Licensure: Sunset, Repeal, Consolidation, Privatize

Consolidation
- RT to dissolve TLC, Ed. (L other) put under one agency, combine or replace existing
- TLC included

WA Ed. to approve and attest to 3-year exam
- TLC, including docs and nurses test a good bond - now Ed. can see all the options to share
- Ed. in CA is ok, etc.

NC: Independent Ed. replaced and put under state occupational licensing agency, includes RT, nurses but no docs

North Carolina Board of Dental Examiners v. Federal Trade Commission

US Supreme Court ruling in favor of state's authority
- Dental Ed. was practicing dentistry without a license, issued cease and desist order
- 100% successful - Dental Bd. must comply, can't be hostile
- Giving effect authority of Ed. Ed. to drop unauthorized practice

North Carolina Board of Dental Examiners v. Federal Trade Commission

Dental Ed. is to oversee dentists, oversee non-Ed. persons & restricted
- Ed. can go to state to request that state file action
- Ed. can file its own suit but...
- Ed. can't just issue cease and desist orders
LRT Licensure: Sunset, Repeal, Consolidation, Privatize

- Privatize
- In two attempts
- 2012 state Agency Repeal - Licensure not needed, NBRC credentials will suffice.
- In 2012, NBRC and AARC vigorously opposed
- NBRC response included "we are a voluntary organization; have no subpoena power, no authority to investigate; no background check required - etc.
- Effort to do so, never made it to Legislature

RT Licensure: Sunset, Repeal, Consolidation, Privatize

- Privatize
- In 2012 one legislative attempt
- Allow private employers involved in an occupation or discipline to regulate the certification of individuals to practice within the profession: an example is the National Board of Respiratory Care
- NBRC certified entities termed "supportive organizations"
- Persons in the occupation who have been certified by the "supportive organization" would be considered hired by the state

RT Licensure: Sunset, Repeal, Consolidation, Privatize

- Privatize
- To qualify as a supportive organization, entity must:
  - Have experience in certification testing, continuing education, and maintaining the scope of practice in a specific field
  - Be fully outsourcing requiring a pollution to private entity
- Big concern: DR; however, need discussion in the education of the healthcare field for long-term projection to improve the relationships; independent accreditation source
RT Licensure: Sunset, Repeal, Consolidation, Privatize

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

Licensure: Sunset, Repeal, Consolidation, Privatize

- What AARC advises RT Societies:
- Never take the Sunset process for granted as a foregone conclusion...
- Every State RT Society under the Sunset in last 2 years "goes" it
- Also warn Societies that the Sunset process doesn't mean the last of "9", decline/repeal efforts can come anytime in many forms

RRT Only for Licensing

- States that have revised requirements to move to "RRT Only" for entry into the profession
- OK: Pneumotaxis
- CA: suction tube
- KY passed clean in Ohio might just not make it, but will eventually
- Al provide same time, also provide grandparent clause and time for "near" CE for to get the RRT
RRT Only for Licensing

- Moving to RRT for state license
- Which state[s] have shown "interest"
- OR via reg change at the request of the Oregon Society
- OR, GA have contacted AARC asking for info and what other states have done

State Bills/Laws of Interest

- AL enacted a law to delete temporary RT licenses
- AL enacted health care workers to report if they are infected with certain conditions, HIV, Hepatitis B and now Hepatitis C, includes RTs
- AL enacted extensive bill noted in previous slide, used the required patient notification to notify RT providers

State Bills/Laws of Interest

- GA enacted health care practitioners, including RTs must identify themselves to patients as licensed practitioners
- TX enacted similar law must have identification when working in hospitals
- TX enacted for health care practitioners, including RTs must submit information to a Health Care Worker's Registry, for RTs where it is less invasive than mandatory

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**State Bills/Laws of Interest**

- CA bills to expand scope to include:
  - Enforce correlation with support from EMD and EOC, spO2, Continuous/Deep Sedation
  - No O2 therapy for OPD
  - 22 states expected to pass
- CA bills to give CA BLS, ACLS, additional powers for temporary suspension of EMT licenses in cases of particularly violent crimes.
- NJ current CA law prohibits lic. from notifying an employee that has been charged of a crime, the bill would change that.

**State Bills/Laws of Interest**

- NJ bill amends scope adds disease management, specifically permit NPs to provide patient orders, allow NPs and PAs to give RT orders and delete temporary RT licenses.
- NJ bill adds NPs 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**

- FL: allows for renew/renewal changes in procedures for approval of attendance at continuing ed courses, allows additional CE credit for AIDS education, clarifies the requirements for license by endorsement.
- NH: significant revisions to regs including authorized positions, applicant qualifications, temp license, license by endorsement, fees, renewals, unlicensed practice, and continuing education.
State Rules and Regs of Interest
• CA (August 2015): LDIC, short reviews the duties of each applicant as part of its application reviewing process.
• Increases the # of CE hours required for biannual renewal from 15 to 30 hours to align with other similar CA allied health professional requirements.
• Modifies courses recognized for CE credit.

State Rules and Regs of Interest
• All extensive revamps including:
• The process for CRIC application for licensees, forms, licensing by exam, by waiver of exam, temp license, reciprocity, renewals, reinstatement, refusal, revocation, and/or suspension of licenses, fees.
• NB describes the license renewal application packet — required documents for renewal of license and the procedure for reinstatement applications.

State Rules and Regs of Interest
• TN revises license fees.
• NC revises CTS, 4 must be "two.
• 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.
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 communication and ongoing joint efforts between RT state societies and the RT licensure board/council/committees.

- Thank You.
CoARC Update

What Does CoARC Do?

- Hold programs accountable to the public, consumers, employers, students and their families, practitioners — and to one another by ensuring that programs, 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.

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

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<th>CoARC Level</th>
<th>3rd Level</th>
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<td>Continual Accreditation</td>
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Total # of Associate Degree Programs: 316 (73.4%)
Total # of Bachelor’s Degree Programs: 92 (20.7%)
Total # of Master’s Degree Programs: 11 (2.5%)

July 2015
**CoARC Update**

### Reports on Accreditation Data

- As of March 2016, the following data is now reported on CoARC's website (www.coarc.com/2016) as an aggregate for the three previous reporting years (2013-15) from the 2014 RQS:
  - A three-year period is reported.
  - CRT and ART graduating success.
  - Attrition.
  - Placement rate.
  - Total number of program enrollees and graduates during that period.

*The website also provides a link to an interactive map of all CoARC programs and related program information as of December 31, 2014.*

### 2014 Report on Accreditation

The 2014 Report on Accreditation in Respiratory Care Education provides:

- Descriptive statistics of CoARC programs as of 12/15/14.
- Accreditation actions taken in 2014.
- Aggregated statistics of program graduates, enrollees, and outcomes data for the 2014 RQS as well as data related to AACR 2015 and Beyond.
- The report is available for download at www.coarc.com.

### Report on Accreditation Highlights

- A majority (52.5%) of PDs have earned a master's degree, with 34% having a baccalaureate and 32% having a doctorate.
- Total applications decreased by 12.0% between 2011 and 2013.
- Total new enrollees decreased by 5.2% compared to 2012. However, new enrollees increased by 7.7% for baccalaureate programs and by 14.8% for master's programs.
- Total graduates decreased by 3.8% 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 admission 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 0.5% to 92.4% with 35 programs below the 80% threshold. 35 programs had a higher mean (92.4%) than AS programs (83.8%).
- The mean AAT credentialing success increased by 4.5% to 67.5% with 39 programs having a higher mean (82.3%) than AS programs (65.5%).
- 85 ASRC programs and satellites (including 49 at a 4-Year College/University) are capable of offering a baccalaureate entry program.

RC Programs with Job Placement Below 70% CoARC Threshold (based on 2014 RCS)

2015 Annual Report of Current Status

- The 2015 RCS due date was July 15.
- 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 then 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.

www.coarc.com

July 2015
CoARC Update

**Definition of Graduation**

- The new NBRC Therapist Multiple Choice (TMC) admission 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 within 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.

**Development of an RRT-based Threshold**

- In May 2015, CoARC stopped making accreditation decisions based on the RRT Credentialing Success rates (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 can take the CCR 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 to 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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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

Baccalaureate Degree Programs
(Entry into RC Profession)

Respiratory Care
Degree Advancement Programs
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 partial exemption through their state must decide what courses or content to eliminate to preserve the curriculum and maintain positive outcomes.

2014 Review of Credit Hours

The following findings are part of CoARC's recent audit of programs' compliance with minimum requirements:

<table>
<thead>
<tr>
<th>Number of Programs Where No Credit Limit is Found</th>
<th>42</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Programs Where Credit Limit is Not Found</td>
<td>7</td>
</tr>
<tr>
<td>Average Number of Credit Hours for the Associate Degree (n=315)</td>
<td>97</td>
</tr>
<tr>
<td>Average Number of Credit Hours for the Bachelor's Degree (n=119)</td>
<td>125</td>
</tr>
<tr>
<td>Average Number of Credit Hours for the Master's Degree (n=16)</td>
<td>56</td>
</tr>
<tr>
<td>Average Number of Credit Hours for the PhD Degree (n=4)</td>
<td>33</td>
</tr>
</tbody>
</table>

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

Significant Changes to New Entry Standards

- CoARC will continue its outcomes-centered approach to the accreditation review process;
- Given the significant shift 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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Why the Emphasis on Competencies?

- Increasing shift from a traditional, content-based approach of defining required courses to a outcomes-based 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 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.

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 trainers 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.

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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Degree Advancement Program Eligibility

- Entry into respiratory care professional practice degree programs offering advanced standing to individuals who already have an ARRT 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.

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 visitors retaining on implementing the Standards (Spring 2016).

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.
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. APRT students must be geographically located within the United States for their education.
- PD must have a doctoral degree; DOE must have a Master's degree.

2015 APRT Standards Timeline

- Approved Standards sent to the AARC, ATS, ASA, and ACCP for endorsement in early January; AARC 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.

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 – 20 states have been approved by the National Council for State Authorization Reciprocity Agreement (SARA).
  - http://www.sara.org/content/sara-and-licensed-professions
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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 for enforcement;
  - Senate — focus on for-profits continues;
  - House — focus remains on cost reduction, decreased regulation, competency-based education, promoting innovation (e.g., 2015).
  - Goal to:ful employment, program default rates.

Upcoming CoARC Board Meetings

November 19-21, 2015
Bedford, TX

March 10-12, 2016
Bedford, TX

June 24-25, 2016
Welda, FL (CoARC Summer Forum)