

HR 2619 – Medicare Respiratory Therapist Access Act of 2013 **Better Access, Better Care, Lower Costs**

Background

HR 2619, the *Medicare Respiratory Therapist Access Act*, was introduced by Rep. John Lewis [D-GA] on July 8, 2013.

As health care costs continue to soar for patients with multiple chronic conditions and physician shortages become a major concern, the status quo in health care is no longer an option. With the evolution of pulmonary medicine over the years since the Medicare law was enacted, it is time to recognize the expertise respiratory therapists (RTs) can bring to pulmonary patients.

- Respiratory therapists are the only allied health professionals with comprehensive education in all aspects of pulmonary medicine, including management of patients with chronic lung disease.

Improving Health Outcomes through Better Access to Respiratory Therapists

Reducing excess hospital readmissions, improving care transitions, and lowering costs are key Medicare goals. For those with chronic lung disease, a key to achieving these goals is to reduce or eliminate exacerbations which can lead to costly emergency room (ER) visits and/or hospital admissions or readmissions.

HR 2619, the *Medicare Respiratory Therapist Access Act*, is designed to address these issues and achieve key Medicare priorities.

- It will amend Medicare Part B to provide coverage of pulmonary self-management education and training services furnished by a qualified RT in the physician practice setting; the physician will bill Medicare.
- It will provide Medicare beneficiaries suffering from chronic obstructive pulmonary disease (COPD), asthma, pulmonary hypertension, pulmonary fibrosis, and cystic fibrosis greater access to the care they need from RTs.
- It will provide the tools pulmonary patients need to self-manage their disease and improve their outcomes by educating them on how to recognize and reduce symptoms and triggers of their disease and to ensure proper training and adherence with inhaled medications.

Respiratory Therapists are Currently Excluded from Recognition by Medicare

The Medicare law currently recognizes a number of non-physician practitioners such as physical and occupational therapists, physician assistants, and others, but RTs are not included.

- **HR 2619**, the *Medicare Respiratory Therapist Access Act*, will bring recognition to RTs.
- The RT must hold at a minimum a bachelor's degree or other advanced degree in a health science field and be credentialed as a "registered" respiratory therapist (RRT).
- The qualification standards are similar to other qualified health professionals recognized by Medicare.
- Employment of RTs who do not meet these qualifications will not be impacted by this initiative.

Medicare Costs Are Likely to be Offset by Reduced ER Visits and Better Adherence to Medication Protocols

The American Association for Respiratory Care (AARC) commissioned an independent cost analysis from Dobson/DaVanzo, a well-known health care consulting firm in Washington, DC.

- The analysis indicates that implementation of **HR 2619** would result in an increase of between \$245 and \$500 million over a 10-year period from 2014 through 2023. The range is based on an assumption of compliance by Medicare beneficiaries who have been taught self-management skills.
- It is reasonable to expect that if one-half of one percent of ER visits for the population served by **HR 2619** were avoided due to self-management skills taught by RTs, the costs could be totally offset.
- If 24 percent of patients who had an ER visit and a claim for oxygen improved their oxygen utilization and adherence to inhaled medications as a result of self-management, it could result in a total offset of the costs associated with implementation of **HR 2619**.