

HR 2619 – Medicare Respiratory Therapist Access Act

Preventing excess hospital readmissions and promoting successful transitions from hospital to home are key goals of the Medicare program

- Chronic obstructive pulmonary disease (COPD) ranks 4th among the most costly hospital readmissions, with the rate of readmission for Medicare beneficiaries at 22.6% within 30 days post-discharge.
- Medicare beneficiaries with two or more chronic conditions, including COPD and asthma, accounted for almost 98% of all hospital readmissions in 2010 at a cost of \$300 billion, according to an analysis of Medicare claims data.
- Effective October 1, 2014, COPD will be added to Medicare’s Hospital Readmissions Reduction program and hospitals will face a 3% payment penalty if they are not able to reduce the rate of excess readmissions. Pneumonia has been on the list since the inception of the program.
- For those with chronic lung disease, a key to reducing costly emergency department (ED) visits and/or hospital admissions or readmissions is to educate and train them to recognize the symptoms and triggers of their disease to reduce or prevent the onset of acute exacerbations.

HR 2619, the Medicare Respiratory Therapist Access Act, aligns with Medicare objectives

- HR 2619 will amend Medicare Part B to provide coverage of pulmonary self-management education and training services furnished by qualified respiratory therapists in the physician practice setting.
- It will provide Medicare beneficiaries suffering from chronic obstructive pulmonary disease (COPD), asthma, pulmonary hypertension, pulmonary fibrosis, and cystic fibrosis greater access to respiratory therapists’ expertise outside of the hospital.
- It will establish pulmonary self-management education and training when furnished by RTs as a separate benefit much like the successful diabetes outpatient self-management training benefit Congress passed over a decade ago.
- It will give physicians confidence to add RTs to their team at a time when Medicare’s goals are to improve transitions from hospital to home and reduce short-term readmissions.

Health outcomes can be improved by better access to qualified respiratory therapists in the physician practice setting

- 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.
- Pulmonary patients who the physician determines are qualified to be taught self-management skills by respiratory therapists can improve their health outcomes by learning to recognize and reduce symptoms and triggers of their disease that lead to costly interventions.
- To provide pulmonary self-management education and training, the respiratory therapist must hold a “registered” credential and have at a minimum a bachelor’s degree or other advanced degree in a health science field.
- Respiratory therapists who do not meet these qualifications will not be impacted by this initiative.

Successful self-management of chronic lung disease is an important tool to lowering health care costs

- Studies show that self-management education can reduce urgent care visits and hospitalizations, improve health status, and improve quality of life.
- Medicare beneficiaries working with RTs to self-manage their disease can improve their medication adherence and oxygen utilization which can minimize unnecessary, ineffective or wasteful interventions.
- Self-management can help to slow disease progression and improve patient outcomes.
- HR 2619 will pave the way toward lowering costs by reducing costly acute care interventions for Medicare beneficiaries suffering from certain chronic lung diseases.