

**BSRT Florida Working Group**

**Meeting Minutes**

**April 1, 2022**

**Via Zoom**

Present: Dan Ayers, Baycare  
Misty Carlson, Daytona State College  
Amanda Dexter, Jacksonville University  
Steve Hardt, St. Petersburg College  
Gene Macogay, St. Petersburg College  
Jean Newberry, Florida Southwestern College  
Mark Pellman, Sarasota Memorial Hospital  
Tom Selig, Shands Hospital  
Erin Sterling, Virtual Education Support Program  
Rachel Townsend, St. Joseph's Hospital  
Rob Walsh, Indian River State College  
John Wilgis, Florida Hospital Association

The meeting was called to order via Zoom at approximately 1 PM. There was brief delay while technical difficulties were resolved.

**Steve Hardt reviewed a brief PowerPoint and:**

1. Thanked everyone for their attendance
2. Mentioned that transparency is a core goal of the working group. Therefore, the meeting would be recorded and made public via several social media pages and websites
3. Introduced everyone at the meeting
4. Discussed that the meeting would be limited to one hour to make for more manageable recordings and improved productivity
5. Asked everyone present to work to recruit more bedside clinicians and students for the working group.
6. Apologized to several people in the Orlando area who had wanted to attend but were unable to do so because of a conflicting advisory committee meeting

7. Clarified that the degree commonly referred to as the Bachelor of Science in Respiratory Therapy (BSRT) degree is technically the Bachelor of Science in Cardiopulmonary Science (BSCS degree) in Florida. The Florida Department of Education (FDOE) CIP code for the degree is 51.0908
8. Requested that while there is understandably much interest in the Advanced Practice Respiratory Therapist (APRT), the APRT should be addressed as a separate discussion. It was suggested that once this working group's goals were achieved, a second working group to discuss the APRT could be formed
9. Reviewed a listing of the 11 colleges and universities in Florida offering, or planning to offer, some type of respiratory baccalaureate degree was reviewed. It was stipulated that the availability of respiratory baccalaureate programs is not an issue in Florida
10. Discussed that the goal of the working group was to produce a white paper, like California white paper on the topic, that could be used to create a record of the working group's progress, inform practitioners, provide guidance to schools, and help schools interested in developing a BSRT obtain the necessary approvals. A white paper would also be necessary if the working group recommends changes to the state's Respiratory Care Practices Act, and could also be used to update interested parties in other states on the efforts of the working group
11. Acknowledged the contributions and/or input of others toward this effort, including, but not limited to, the Florida Society of Respiratory Care (FSRC), the Coalition for Baccalaureate and Graduate Respiratory Education (CoBGRTE), Steve Smith of the New York Society of Respiratory Care, Ray Hernandez and Wayne Walls of the California Society of Respiratory Care, Doug Masini of Mercer University, Chris Russian of Texas State, and John Wilgis of the Florida Hospital Association
12. The status of the New York Society for Respiratory Care efforts toward a bill requiring the BSRT as entry level was briefly reviewed
13. The California Society of Respiratory Care's position statement on the Education Requirements for Respiratory Care Practitioners was briefly reviewed
14. The mission of the working group was summarized as
  - a. Educating practitioners in Florida on the issues related to the respiratory baccalaureate
  - b. Creating a listing of requirements that proposed plan should attempt to meet
  - c. Recommending solutions
  - d. Drafting a whitepaper on its recommendations

**Open discussion ensued and the following topics were discussed:**

Any plan should avoid a delay between the end of clinical rotations and the student's graduation. For example, students should not have their clinical education during the first two years and then graduate two years later, as this would make them "rusty" clinically, and make the transition from the classroom to the bedside more difficult

The question was raised whether those who hold Associate of Science (AS) degrees would be required to obtain the Bachelor of Science in Respiratory Care (BSRT) degrees to continue to practice. It was generally agreed that any plan would allow AS level RTs to be "grandfathered" in. The term "grandfathered" was explained as being allowed to continue their practice as licensed without being

forced to obtain the BSRT. Employers could eventually require a BSRT (like some employers currently require an RRT) but this would be an employer mandate only. It was also noted that with the current shortage of practitioners makes this unlikely at this time.

Due to the current dramatic shortage of practitioners any solution proposed could not reduce the number of available practitioners.

Two main options were then discussed - the BSRT as entry level (requiring all graduates to hold a BSRT degree before obtaining licensure as an RRT) or creating an additional level of licensure for RRTs who hold a BSRT degree. This would make three levels of licensure – CRTs, “AS RRTs”, and “BSRTs” (tiered licensure).

The option of a new additional level of licensure for BSRTs (tiered licensure) has the advantage of not interrupting the flow of available RTs and creates a baseline for the future. It may also set the stage in the future for the APRT.

It was agreed that requiring the BSRT as entry level may cause a decrease in applications to AS level RT educational programs.

The value of Perkins funding to AS level RRT educational programs was discussed. Perkins funds are given to AS RT educational programs to purchase capital equipment. Tiered licensure would allow programs to maintain these Perkins funds. The program directors each mentioned that their programs rely on Perkins funding, and many receive tens or even hundreds of thousands of dollars each year in Perkins funding.

If a hospital had most therapists at the BSRT level, they may be eligible to apply for fee for service reimbursement from the Centers for Medicare and Medicaid Services (CMS).

No language should be included in any proposal to phase out any level of practice, as that may make it difficult to make changes to the practice act.

The role of market driven solutions was also discussed, such as magnet status driving nurses toward the nursing baccalaureate.

It was agreed there was room for all levels of practice, CRTs, RRTs, BSRT, and graduate level RTs

It was proposed that moving toward the BSRT as entry level may attract a different level of students to the profession, and there may be students who would prefer to enter a profession where minimum entry level was the baccalaureate

It was asked if there was any data dealing with the number of therapists who go into the profession as a “steppingstone” to another profession. Such data was not immediately available. It was also asked if we have any data on the number of current therapists have baccalaureate degrees. Gene Macogay researched this topic online as the meeting continued.

This discussion turned to therapists who have baccalaureate degrees in something other than respiratory care. The solution of using post baccalaureate certificates for those with baccalaureate degrees in fields other than respiratory care was discussed.

The importance of baccalaureate degrees having enough science credits to meet College of American Pathologists (CAP) and Clinical Laboratory Improvement Amendments (CLIA) requirements for lab management was discussed at length. It is possible that this issue could also be resolved through technical certificates.

The group was advised that the state is currently not allowing AS RT educational programs to convert to a BSRT only degree. The Florida Department of Education (FDOE) is allowing AS RT educational programs to add the BSRT, but they cannot convert to a BSRT only program at this time. If the profession goes to the BSRT as entry level, the FDOE would have to allow AS level programs to convert to BSRT level programs.

The challenge regarding universities requiring high enrollment in RT programs to consider them economically viable was also discussed.

Market driven solutions were discussed further. The professions moved to the RRT as preferred credential was cited as an example of the potential success of this model. One possibility to promote the BSRT would be to provide preferential hiring and increased pay for BSRTs (market driven approach). The level of support from upper administration for this was questioned, and such support may vary from facility to facility. The possibility of BS level RRTs obtaining reimbursement for services rendered and the current shortage of practitioners may increase administration support for this market driven approach.

The three possible approaches were reviewed – the BSRT as entry level, tiered licensing, and a market driven solution.

It was announced that the AARC Human Resources study states that 25% of RRTs nationally hold the baccalaureate

The possibility of a student exemption, especially during times of surge, was discussed. If the profession decides to open the practice act to changes later, we may consider including a student exemption.

The meeting was adjourned at 2 PM.

The next meeting is scheduled via Zoom for 1 PM Friday April 29, 2022.

Respectfully submitted,

Steve Hardt

