

BSRT Florida Working Group

Meeting Minutes

September 9, 2022

Via Zoom

Present: Dan Ayers, Baycare
David Bostick, Medical Director, Valencia
Misty Carlson, Daytona State College
Randy De Kler, Nova Southeastern
Dr. Tom Fuhrman, Medical Director, FSRC
Steve Hardt, St. Petersburg College
Kim Harvey, Valencia State
Melody Kloepfer, Nova Southeastern
Eloisa Know, Advent Health
Crystal Lemelin, Seminole State College
Jose Lammoglia, FSRC/AARC Delegate
Nancy Latimer, Palm Beach State College
Michelle Lee, Miami Dade State College
Melanie McDonough, Daytona State
Scott Miller, Hillsborough Community College
Jean Newberry, Florida Southwestern College
Mark Pellman, Sarasota Memorial Hospital
Jerrick Rivera, student, St. Petersburg College
Sharon Shenton, Valenica State College
Bob Sokowiak, Breate Strong
Erin Sterling
Tami Summers, Advent
Shannon Walsh, Ascension
Yolanda Wells, Valencia

Kandy Woods, FAMU

The meeting was called to order via Zoom at approximately 1 PM.

Steve Hardt reviewed a brief PowerPoint and:

1. Introduced everyone at the meeting.
2. Thanked everyone for their attendance.
3. Thanks Misty Carlson, Jose Lammoglia, and Gene Macogay for their efforts on drafting the white paper.
4. Mentioned that transparency is a core goal of the working group. Therefore, the meeting will be recorded and made public via several social media pages and websites. In addition, the Florida Society of Respiratory Care (FSRC) has provided a website where all recordings, minutes, and documents can be accessed by any interested party
5. Discussed that the meeting should be limited to one hour to make for more manageable recordings, minutes, and improved productivity.
6. Asked all speakers to state their names for the recording prior to speaking.
7. Asked everyone present to work to recruit more bedside clinicians and students for the working group.
8. 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.
9. Thanked the FSRC for their support of this working group.
10. Briefly reviewed the informal mission of the group.
11. The goal of the white paper was reviewed, and
 - a. The current document is just a draft.
 - b. The best white paper is one people will read.
 - c. Provide a method for interested parties to update themselves
 - d. Provide a framework for discussion by clarifying details.

Open discussion ensued and the following topics were discussed:

The three main options discussed at the previous meeting were briefly reviewed. These options are:

1. **A market driven option**, where market driven forces would be used to encourage therapists to obtain their baccalaureate. This would involve given a preference in hiring to those who hold the BSRT credential and providing financial incentives for clinicians to earn the BSRT.
2. **Tiered licensure**, where an additional level of licensure would be created in Florida for those who have earned a BSRT degree. Under this proposal, there would be three levels of licensure for RRTs in Florida: A Certified Respiratory Therapist (CRT), an Associate of Science RT (ASRRT) and a Bachelor of Science RT (BSRRT). At the time the third level of licensure (BSRRT) is proposed, it may also be recommended that the state sunset **new** CRT licensure, as several other states have done. The FSRC has previously issued a white paper on sunseting **new** CRT licensure. Under this proposal, all current CRTs would be “grandfathered”, and allowed to continue to practice if they maintain active licensure, but no new CRT licensures would be

issued. Those who currently hold a CRT license would not be issued an RRT license but would be allowed to continue to practice under their existing CRT licenses.

3. **The BSRT as the entry level for licensure.** Under this proposal, graduates would not be eligible to obtain licensure until they have earned their BSRT degree. Under this proposal, all current RRTs (ASRRTs) would be “grandfathered” and allowed to continue to practice if they maintain active licensure. A similar proposal has been advanced in New York state.

Steve Hardt asked that spelling, grammar, and punctuation corrections to the white paper be addressed via email.

Sharon Shenton mentioned that the disadvantages of tiered licensure should be more fully discussed in the white paper. These disadvantages include that plan is not based on, and does not correlate with NBRC credentials, that the current environment is not great for proposing changes to the licensure act, and tiered licensure may cause continued confusion with patients and others.

Sharon also mentioned that we can promote the baccalaureate without changing licensure, and that it may be difficult to move forward without the support of CoARC.

Sharon also mentioned that the State University system does not support the BSRT at this time

Dan Ayers mentioned that the draft of the white paper should include more about managing blood gas labs and the corresponding requirements.

Dan Ayers stated that the phrase “hospitals may be eligible for fee for service reimbursement” and should be removed or clarified

Dr Thoman Fuhrman mentioned that CoARC reluctantly did not go to BSRT as entry level due to requests from institutions and states that cannot offer the baccalaureate.

Dr Fuhrman also mentioned that the surveys from Louisiana and New York listed therapists wanting more money as a key reason for seeking the BSRT. This should be restated as therapists desiring more professional recognition and respect. Money should not be the number one reason to move to the baccalaureate.

Dr Fuhrman also mentioned that RT is currently the only direct patient care provider that does not technically require the baccalaureate degree

Bob Sokowiak mentioned that there should be more mention about the baccalaureate in transitional care.

Erin Sterling asked is those therapists with an MSRT would be licensed as BSRRT, and this could be confusing.

Melanie Kloepfer mentioned some directors without baccalaureate are encountering issues signing off on blood gas competencies.

Erin also mentioned that there should be no gap between completion of clinical training and entry into the workforce. In the tiered licensure options, students would complete their AS degrees, enter the workforce, and return to obtain the BSRT through degree completion programs after they are employed as therapists.

One advantage of tiered licensure is that it protects the existing AS RT educational programs

Sharon Shenton discussed the CLIA/CME requirements and pointed out that nursing credits are accepted toward these requirements, and we should explore why RT courses are not accepted toward this requirement.

Dan Ayers clarified that the CAPs and TJC requirements are based on Medical Lab Technology (MLT) standards which typically only see the hard sciences as meeting the requirements.

Kandy Woods mentioned that with some AS programs students can enter A and P without biology, and the FAMU program includes more hard sciences, such as Chemistry.

Kandy Woods mentioned that the NBRC will be combining the current exams into one exam in 2027. Erin Sterling mentioned the NBRC still intends to use the high and low cut score.

Dr. Fuhrman clarified that the NBRC will be combining the CSE and TMC exam into one exam. The NBRC cannot eliminate the CRT low cut score until all states require the RRT as the entry level for licensure.

Tony Lammoglia mentioned that the current lack of therapists has caused therapists to resume hiring CRTs.

The group voted to give permission to allow Steve Hardt to discuss tiered licensure as an option that is being discussed, if it was made truly clear to tiered licensure was an option. It was agreed that it is not time to issue a formal position statement.

Dan Ayers mentioned that the current shortage of qualified candidates makes this a bad time to move forward. Steve Hardt mentioned that the options being discussed here are long term.

Steve Hardt mentioned that if this option is well received he may offer to do a recording for the FSRC website to make people aware of the discussions that are being held

The questions regarding survey vs. not to survey. If the group is thinking of doing a survey they may want to begin working on the survey, but surveys should not be done until the public has been made aware of the issues involved.

Misty Carlson mentioned that the FSRC may want to be involved in this

The meeting adjourned at 1:52

The market driven option was discussed more specifically. This option was compared to how market driven forces moved the profession to the RRT by employer's hiring only RRTs and using career ladders and higher salary scales to incentivize the RRT.

Several managers mentioned that their systems pay a higher rate and/or differential for BSRTs, although it may not be substantial at this time. Some systems hire BSRTs at a higher rate and position on the clinical ladder. Job descriptions for promotion may also require a minimum of the baccalaureate.

The job description for ASRT and BSRT are currently the same in some systems. Some systems are moving to change this.

The perception of their being a "catch 22" that may have existed between educators and clinical affiliates where programs were reluctant to produce more BSRT programs until there was a pay incentive for the baccalaureate. It was discussed that programs may have been reluctant to offer BSRT programs due to the loss of grant funding or difficulties in doing so. Some programs mentioned that the state department of education and college administrators ask about pay incentives and opportunities for advancement when considering or authorizing new BSRT programs.

There was considerable discussion on the issue that has arisen with the College of American Pathologists (CAP) and or Clinical Laboratory Improvement Amendments (CLIA) requiring a baccalaureate in sciences with a substantial number of science credits for those who manage blood gas labs. Advanced Technical Certificates may be used to help bridge the gap for those clinicians who hold a Baccalaureate without enough science credits or hold a baccalaureate in a field other than respiratory care. Increasingly, the BSRT may be needed to meet credentialing requirements for blood gas labs. Because of this, it was strongly recommended that only BSRT degrees be considered for those who meet the requirements for tiered licensure. The inability for departments to find individuals who meet the CAP/CLIA requirements would have a profound financial impact on hospitals. These requirements are getting stricter.

The requirements for CAP for lab accreditation may be beyond the scope of the BSRT, because of the considerable number of science credits required. Advanced Technical Certificates (ATCs) could be used to meet that gap. As mentioned earlier, ATCs could also be used to assist those clinicians who hold baccalaureate in disciplines other than respiratory care. There was considerable discussion on the nature and role of ACTs

The role of the state university systems was also discussed. The RT profession in Florida should continue to encourage state universities to become involved in respiratory baccalaureate education. It was noted that there are currently enough BSRT programs in the state to meet current needs.

There was discussion regarding which facilities would be willing or able to hire only BSRT at this time. The current drastic shortage of clinicians may make it unrealistic for facilities to hire only BSRTs

The importance of encouraging and providing incentives for therapists to get their baccalaureate was also reviewed.

The possibility of the three options being a continuum was discussed. It is possible that the process of advancing the BSRT would begin with a very limited version of market driven options, advance to tiered licensure, and if and when the baccalaureate as the entry level became a national standard move to the BSRT as entry level.

The spreadsheet below was presented and discussed.

BSRT Working Group Proposal vs. Needs Spreadsheet					
Needs	Proposal				
	Market Driven approach		Tiered Licensure		BSRT as entry level
No decrease in number of available practitioners	Yes		Yes		No
Maintains Perkins Funding	Yes		Yes		No
Avoids changes to practice act	Yes		No		No
Protects existing AS RT programs	Yes		Yes		No

Perkins funding was briefly discussed. Perkins funds are grant funds used by AS level RT programs to fund large purchases, such as ventilators, for their labs.

A concern was discussed that if the BSRT becomes the entry level, state colleges would no longer be able to offer the programs. It is known that the state is not allowing AS RT programs to convert to BSRT only programs. It is possible that if the BSRT becomes the entry level, issues with competition with universities may become an issue.

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 term ASRT is copyrighted, so the AS level RTs would have to be referred to ASRRTs, or something other than ASRT.

The possibility of using consortiums between schools to make the BSRT more readily available was discussed

It may be necessary to resolve the issue with the RRT as entry level for licensure, which involves sunseting **new** CRT licensure. The FSRC has previously issued a white paper on sunseting new CRT licensure. Under this proposal, all current CRTs would be “grandfathered”, and allowed to continue to practice if they maintain active licensure, but no new CRT licenses would be issued. Those who

currently hold a CRT license would not be issued an RRT license, but would be allowed to continue to practice under their existing CRT licenses

The importance of “do no harm” was discussed. No option that limits the number of available clinicians can be considered feasible at this time.

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

The issue was raised that the state may require “tiered practice” in order to consider “tiered licensure” and it was agreed that this possibility should be carefully considered.

The group was reminded that the National Board of Respiratory Care (The NBRC) is legally obligated to provide an CRT exam if a single state offers licensure to CRTs.

It was debated whether the working group should consider continuing to meet, or whether they should issue a draft of a white paper. The group agreed via a majority of votes to ask the white paper subgroup to issue the draft of a white paper on tiered licensure. Once a draft of this paper is completed the larger group will be reconvened to discuss it.

The meeting adjourned at 2:06.

Respectfully submitted,

Steve Hardt