

BSRT Florida Working Group

Meeting Minutes

April 29, 2022

Via Zoom

Present: Dan Ayers, Baycare
Tom Berlin, Advent Health
Leah Carlson, Sante Fe State
Misty Carlson, Daytona State College
Brooke Chitty, HCA Lake City Hospital
Tom Fuhrman, Medical Director, FSRC
Steve Hardt, St. Petersburg College
Crystal Lemelin, Seminole State
Jose Lammoglia, FSRC/AARC Delegate
Nancy Latimer, Palm Beach State College
Michelle Lee, Miami Dade State College
Gene Macogay, St. Petersburg College
Glenn Milano, FSRC President, Ascension
Jose Morales, Bartow Regional Medical Center
Jean Newberry, Florida Southwestern College
Mark Pellman, Sarasota Memorial Hospital
Micheline Plantada, Jackson Health
Remy Prevatt, student, Sante Fe College
Catherine Rozansky, Baptist Medical Center
Jerrick Rivera, student, St. Petersburg College
Tom Selig, Shands Hospital
Sharon Shenton, Valenica State
Timber Shippee, Mease Dunedin

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

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 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
3. Introduced everyone at the meeting
4. Discussed that the meeting would be limited to one hour to make for more manageable recordings, minutes, and improved productivity
5. Asked all speakers to state their names for the recording prior to speaking
6. Asked everyone present to work to recruit more bedside clinicians and students for the working group.
7. The term grandfathering was explained. The term is used in this context to mean that those who have the credentials required to practice will be continued to allow to practice, even if a new credential becomes required to practice. Employers would reserve the right to require the new credential. It was also mentioned that the new credential would not be awarded to those who hold the old credential.
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. The American Association of Respiratory Care (AARC) and Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) have been updated on the group's efforts.

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.

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 were used 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 meeting 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 requires would have a profound financial impact on hospitals. These requirements seem to be getting more strict

The requirements for CAP for lab accreditation may be beyond the scope of the BSRT, because of the large number of science credits required. Advanced Technical Certificates (ATCs) could be used to meet that gap. 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 in unrealistic for facilities to hire only BSRTs

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

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

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 sunsetting **new** CRT licensure. The FSRC has previously issued a white paper on sunsetting 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 amount 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 as long as 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.

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

Respectfully submitted,

Steve Hardt