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President's Report: Ed Garcia, RRT



2010 is now in the past and 2011 got off to a bang! Our economic system is still trying to recover from one of the worst financial crises in the

history of our country. Healthcare will continue to be at the forefront as Congress debates the future of the system. Change does not always produce positive results, but in the case of the new leadership elected to the MD/DC Society Board of Director's, I am proud to say that we have a committed board of directors willing to lead the profession.

On January 15, 2011 a new Board was sworn in at the Gaylord National Convention Center in Washington, D.C. The installation of officers event was well attended with over 70 participants and guests. As president of the association, I am humbled and honored to serve in this capacity and welcome your thoughts, ideas and positions as we move the society

and profession forward. One of the goals of the Society this year is to connect to every hospital and educational leader within our Society. The board plans to work hard to try and engage all RT's interested in leading the profession on an affiliate level. It's time for us to take a proactive role and recruit members to assume leadership positions.

Chapter representatives have been charged with connecting with RT Departments from around the state and engaging them in the activities of the society and profession. The Board of Directors adopted the following goals for 2011 & 2012 and they are as follows:

- Increase membership by 25% in the next 2 years
- Continue to increase our scholarship support to RT students (we actually increased our scholarship monies from \$3,000 to \$5,000 for this year)
- Promote RT through community service

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Legislative Update: Polysomnography MD- HB 560 / SB 641

MDDC Society and MD Board of Physicians oppose legislation change.

Society requests legislative exemption from polysomnography law.

Tom Striplin, MED, RRT

The licensure of polysomnography technologists in Maryland has been problematic since it was first introduced and subsequently became law in October of 2006 (HB 957 the “Maryland Polysomnography Act”). During the process of drafting the legislation in 2005-2006, the MD/DC Society for Respiratory Care had several issues with the draft legislation since there was a significant overlap of the scopes of practice.

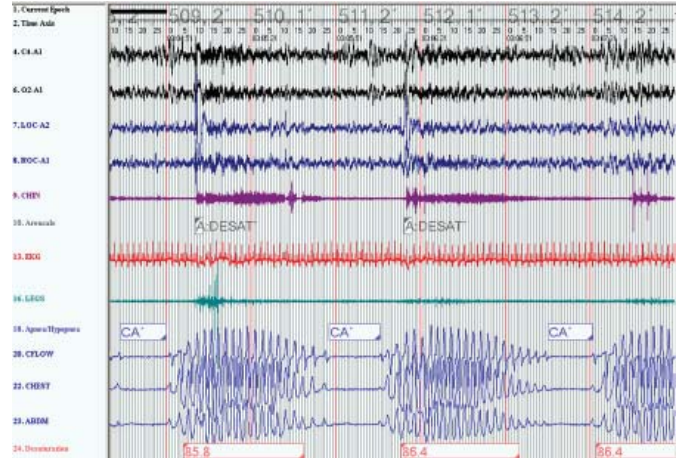
One of the most prominent issues was that of having individuals who would be licensed under the legislation complete an educational program that was accredited by a nationally recognized educational accrediting body. Of major concern to the Society was that there were no such accredited programs in Maryland. The position of the proponents of the legislation, the Polysomnography (PSG) Industry, was that PSG was a new profession and that they needed time to establish an educational base within the State.

After a number of meetings with the proponents of the legislation and several key legislators a compromise was reached whereby the proponents would have a window of three (3) years in which to establish educational programs in the State that were accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

With that compromise, a date of **October 1, 2009** was established by which time individuals who would apply for a license would have to be a graduate of an accredited educational program. In 2009 the proponents introduced further legislation (HB 597 State Board of Physicians-Polysomnographic Technologists-Education and Licensing Requirements) whereby the date for individuals who would apply for a license to be a graduate of an accredited educational program would be extended from October 1, 2009 to October 1, 2011. HB 597 was enacted.

That being the case, there was a total window of five (5) years

in which to establish accredited PSG educational programs in the State. Presently, there are two (2) accredited PSG programs



in the State. Adherence to the time lines for meeting accredited educational requirements was agreed to by the Industry with the Chairman of the Health Government Operations (HGO) Committee and the Society.

During the 2011 session, SB641 and HB560 were introduced. The proposed legislation presents a number of radical changes to the existing Act and have fostered a number of concerns for the Society and other licensed professions, as well as the public at large. One of the most disturbing changes proposed is that individuals who would apply for a license would no longer be required to be a graduate of an accredited educational program. This has raised significant concerns by society board members since all of the other Allied Health Practitioners in the State licensed under the MBP (Maryland Board of Physicians) must complete an accredited education program and pass a competency examination before being granted a license to practice with patients. Enacting this proposed legislation would set precedents that are not in keeping with the established standards of the other professions licensed under the MBP.

The proposed language **would not require** individuals to pass a competency examination in order to be licensed.

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Upper Chesapeake Health: Respiratory Care Services

The Respiratory Care Departments of the Upper Chesapeake Health include departments at both Upper Chesapeake Medical Center and Harford Memorial Hospital. Harford Memorial Hospital is a 105 bed hospital located in Havre De Grace, Maryland. Upper Chesapeake Medical Center is a 196 bed hospital located in Bel Air, Maryland. Upper Chesapeake Health is a not-for-profit health system founded in 1984 offering a broad range of inpatient and outpatient healthcare services to northeastern Maryland. Upper Chesapeake Health is formally affiliated with University of Maryland Medical System.

Respiratory Care at Upper Chesapeake Health is dedicated to providing the highest quality of care to its patients and has received the Quality Respiratory Care Recognition by the AARC. The Respiratory Therapists are well respected by the nurses and physicians with whom they work.

Therapist driven protocols are in place in the Emergency Department where an “Assess and Treat” order is a standard for the therapists and allows them to assess each patient individually and recommend the appropriate therapy. Protocols are also in place on the medical/surgical floors, as well as the Intensive Care Units to include a ventilator weaning protocol.

Therapists at both facilities are trained and competent in intubations, draw and analyze arterial blood gases and, just last month, celebrated a successful College of American Pathology (CAP) blood gas lab inspection where no deficiencies or recommendations were received. This is a tribute to the quality of work done by every therapist, consistently, every day. The addition of a Lung Transplant Program developed in partnership with the University of Maryland Medical Center, gives the therapists the ability to experience and impact a higher level of pulmonary critical care in conjunction with a physician specializing in Lung Transplant.



Upper Chesapeake Health’s therapists are also involved in giving back to the community. Therapists have helped raise over \$4,000 in support of the American Lung Association of Maryland. In addition, they have hosted several “Living with Asthma” nights featuring Chris Williams, RRT, AE-C, who delivers current information about living with the disease. In 2010, nine therapists participated in a Ventilator Race, hosted by the University of Maryland Respiratory Care Department during Respiratory Care Week to help raise funds for the American Respiratory Care

Foundation. This year therapists from both departments will be involved in an Asthma Fair scheduled in May and Upper Chesapeake Health’s first community health fair scheduled to take place in October. When therapists at both facilities were asked why they like working at Upper Chesapeake Medical Center or Harford Memorial Hospital they said:



“Everyone works well together for the better of the patient. I like this because it goes back to the organization’s philosophy, Every patient, Every encounter, Every day.” –Denise Wilkes HMH

“I like working at a community hospital where I know the patients and they know me. It means a lot to me when a patient comes in and I can see the relief on their face when they see a familiar face treating them. Because I am close to home I feel as if I am taking care of neighbors.” –Chris Williams HMH

CCBC Essex Respiratory Care Program Sputum Bowl Team Competes at Las Vegas Convention

Kevin Abbott, Ben Mellies, and Rebecca Sonn, who are 2nd year students in the Respiratory Care Therapist Program at CCBC Essex and student members of the MDDC Society for Respiratory Care, represented the state at the National Academic Competition in Las Vegas on December 6-8, 2010.

This team's moto was to "Have Fun" which served them well as they advanced to the final four teams and then to the champion-



ship game where they won a second place finish. To advance to the championship game, the team completed 2 days of preliminary rounds where they

answered questions on the history of the profession, anatomy and physiology, fundamental therapies, advanced therapies, and disease pathophysiology. This year there was a total of 22 student teams from all over the United States who entered the competition.

Upper Chesapeake Health: Respiratory Care Services

"We are highly respected among our peers and are able to have an input regarding the respiratory care of our patients. We are not just a "treatment factory". We work together as a team." --**Mary Waltimyer UCMC**

"I really enjoy the mutual support and respect with the Physicians and nurses. Respiratory therapists are given the ability to "think outside of the box." We are encouraged to use our clinical skills and not just push buttons". --**Lori Thacker UCMC**

"I like working at HMH because we are a family here. We work as a team to provide the best care to our patients who we treat as if they were family. It's refreshing to come to work and be greeted with smiles and people who know your name." --**Jessica Comegys HMH**

"I like working here because of the friendly staff. It is a pleasure to work with these people. There is an open atmosphere and I am rarely afraid to approach a physician or anyone regarding a patient. We are a family. --**Erin Byrne-Applegate HMH**

"I enjoy working at Upper Chesapeake Medical Center because we practice full scale of respiratory care with our patients along with the show of respect and trust from our doctors and nurses."- **Charlene Stroemer UCMC**

"My professional opinion and evaluation regarding a patient's care is not only valued but expected and utilized!"- **Wendy Herr- UCMC**

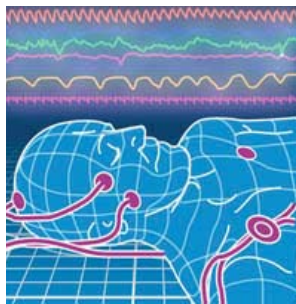


When this language is coupled with other proposed language a counter intuitive situation is created. Individuals who are not graduates of an accredited education program and who have not passed a competency examination would be allowed to practice with patients.

A statute would be enacted, then, whereby non-qualified and non-credentialed individuals would be granted a license to practice that would also allow these individuals to practice parts of other professions such as Nursing and Respiratory Care where there were overlaps of the scopes of practice.

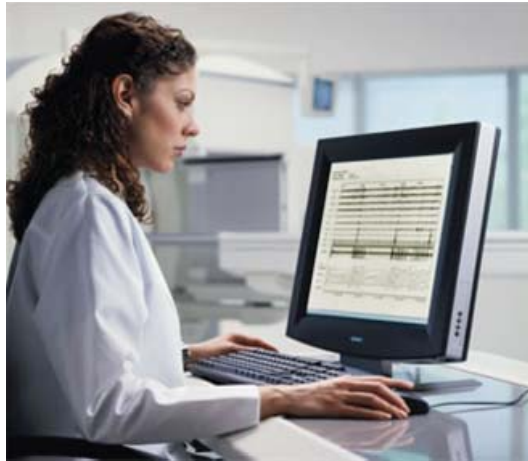
Essentially, a situation would ensue where non-qualified non-credentialed persons would be granted a license to practice as qualified and credentialed individuals within the scopes of other professions.

Ed Garcia, President of the MD/DC Society testified in Annapolis in support of a complete exemption for respiratory care to practice polysomnography in Maryland. "Respiratory therapists should be able to perform polysomnography testing and analysis without another legal requirement to obtain a separate licence to do so. Maryland is the only state that does not provide some level of exemption and requires a separate license to perform polysomnography."



Coupled with the fact that the proposed changes to the current polysom law actually reduce both education and credential requirements to practice, it is hypocritical

of members of the MD Sleep Consortium to advocate that respiratory therapist's need the license to practice when RT's level of education and credentialing is much higher than that required by the polysom law change. Given the recent split in the sleep industry over the development of a new credential examination by the AASM, the BRPT (Board of Registered Polysom Technologists) is firing back!. Exchanges between the two bodies indicate a difference of opinion in terms of the credentialing process.



According to President Ed Garcia, "the MD/DC Society cannot support the proposed legislation changes by members of the sleep industry. Furthermore, the Maryland Board of Physicians opposed the legislation change. The MBT is the legal body that regulates the licensure of polysomnography technicians and testified in opposition to the changes."

The MD/DC Society requested a legal opinion from the Maryland Attorney General on the scope of practice as it relates to respiratory care and polysomnography. The Society expressed that the practice of polysomnography falls under the scope of practice of respiratory therapy in MD. The AG concluded that a legislative clarification should take place. Although the MBP has stated in a letter that RT's would need a separate polysom license in order to perform sleep studies, the Attorney General pointed out that there is considerable overlap and the scope is not clearly defined.

The society will continue to monitor the outcome of the proposed legislative changes by members of the sleep community. If the proposed Bill does not pass, and no other changes are enacted relative to an exemption, than in October 2011, all individuals performing sleep testing will need to obtain a separate license to do so in Maryland.

Conference by the Sea 2011

**Carousel Hotel
Ocean City, MD**

September 14, 15, 16

President's Report Cont..

- Recognize and/or reward RTs who make a difference either in their healthcare institution or community
- Increase involvement and accountability of the board of directors and committees
- Increase our Public Relations campaigns to better inform our members of the activities and offering of the society

I strongly believe that our members are the core strength to our profession! Please contact me personally about any RT, manger, educator or member of our profession who you feel demonstrates excel-

lence and has gone above and beyond to advance the practice of respiratory care. We will make sure that we have that individual(s) spotlighted on our newsletter as well as receive a certificate from the Society.

We are also keeping a close eye on 2 Bills in Annapolis, MD (Perfusion and Polysom) that we will provide follow up as we get details. Start planning for this year's Conference by the Sea, it's going to be fantastic!

Respectfully Yours,

Ed Garcia, RRT,

Board Member Profile: Stacie Whitney, BS, RRT



Stacie Whitney, RRT is a new board of directors member to the Maryland/DC Society for Respiratory Care. Stacie was elected to the position of secretary in January and will serve in that position for two years.

Stacie has already made a positive impact on the board and has moved forward to help the board create a “cloud sharing area” on the web under box.net. Cloud sharing is the future for storage of documents and files for organizations. Society minutes, budgets and numerous other important documents can all be uploaded to the cloud and provide easy access and sharing for board members.

Stacie received her BS degree from Towson University, but decided to go back to school to break into the health-care field. According to Stacie, “I was fortunate enough to gain entry in the Respiratory Care Program at CCBC, which I believe has totally changed my life for the better. After becoming a registered respiratory therapist, I began my career at Johns Hopkins Hospital. There I was exposed

to cutting edge therapy, as well as top of the line equipment. There is also something very satisfying about helping someone who is

sick to become healthy once again. I love the field that I have become a part of, so one of my personal goals is to always make sure that I give back to the profession, which is one of the main reasons I decided to run for secretary of the MD/DC Society.” She is currently an Instructor at the CCBC Respiratory Care Program as well as work PRN at Franklin Square Hospital. I have just begun work on my MS degree in Higher Education to build upon and improve my skills as a respiratory care instructor. Stacie enjoys working out, and going to all different types of festivals in the Maryland area.

Welcome Stacie to the MD/DC Society for Respiratory Care Board of Directors!

House Introduces HR 941:Capitol Hill

It was a great cap to a hard day of work. As PACT reps came back to their hotel after making their visits to Capitol Hill, they got an encouraging bit of news. HR 941, the Medicare Respiratory Therapy Initiative, was introduced in the House of Representatives. The sponsor was a long-time supporter of the respiratory therapy community, Congressman Mike Ross of Arkansas. The Senate is expected to shortly introduce a companion bill.

Frank Salvatore, AARC Federal Government Affairs Committee Chair, also reported at day’s end that nearly 9,000 emails had been sent to Congress in the past week by AARC members and other supporters. This helped pave the way and show support for Initiative PACT members were talking up. Salvatore has one more message for all AARC members: Keep writing. The messages to the House of Representatives change slightly from “please

support” to “please co-sponsor HR 941.” So even if you’ve already written to your Representative, this new message may help spur them to action as a co-sponsor.

Joining the 120 respiratory therapists were a dozen Alpha-One patients, stomping along in support of the Medicare Respiratory Therapy Initiative with their AARC counterparts.

In speaking with PACT members at the end of the day, Salvatore said, “I feel like this is our time. We know that cost will always be the monkey on our back when it comes to legislation, but too many of the legislators we talked to today said ‘this makes sense.’”

Registered Respiratory Therapist/ Pulmonary Technologist



For complete details
on this position and to apply
online, please visit:
www.childrensnational.org
and search by
Requisition #6225.

Children's National Medical Center (CNMC), the largest non-profit medical and research facility in the mid-Atlantic region dedicated exclusively to the care of infants, children, adolescents and young adults, is currently seeking a Pulmonary Diagnostic Technologist.

In this role, you will be responsible for performing the full spectrum of pulmonary function studies; GXT & simple exercise testing; bronchoscopy support; hypoxic challenge testing; home ventilator evaluation and adjustment; patient education encounters; and other select specialty tests in accordance with ATS standards and hospital policies and procedures.

Our lab supports many research protocols and is part of our CF center team. Periodic travel throughout the DC metro area will be required. Hours of operation are Monday thru Friday, 8:30am until 5:00pm. We are closed for holidays.

Requirements include certification as a Pulmonary Diagnostic Technologist, 2+ years of clinical or related healthcare experience, DC, MD and/or Virginia RCP license. Pediatric critical care experience preferred.

Along with our competitive salary structure, we offer a solid benefits package and a generous signing bonus. EOE, M/F/D/V.