July 16, 2018

Good morning Ladies and Gentlemen:

My name is Andy Schwartz and I have been practicing Respiratory Therapy for 28 years. Before I begin, I would like to make it clear and state that I am here representing myself and my own interests and not the state society I have been elected to.

I am a very big cheerleader in our profession. I love what I do and can’t imagine doing anything else. But over the years, I’ve noticed how our profession has laxed compared to other medical professions when it comes to academics. For instance, Respiratory Therapy is still a two-year entry level program where other health services have evolved into entry level Bachelors, Masters, and even Doctorates programs. This has been recognized and finally been addressed by our peers. We as leaders in our profession will strive for change where someday the Bachelor’s degree will be the entry level for our profession nationwide. But this change will be a difficult and lengthy process.

In the meantime, there are other changes we can make that can affect Respiratory Therapy academics much more quickly. And that is making changes to our CEU requirements. First off, I want to commend the Board for recognizing a solution and proposing an increase in the amount of CEU’s to 30 biennially. As of right now, Massachusetts sits among 9 other states that require 15 or less CEU’s. With this proposed increase, Massachusetts will sit among 21 other states that require 24 or more CEU’s.

Increasing the required number of CEU’s will demonstrate the states interest in advancing our profession while growing with the rest of the country. But let me be clear, that these changes are not just being done for the sake and advancement of our profession, but also reflective for the need for RT competence and most importantly, patient safety.

With the continuance of added responsibilities to our scope of practice, such as RT’s inserting and managing vascular access catheters, running ECMO, and allowing RT’s the administration of medications other than just aerosolized ones, pursuant to the controlled substances act…the proposed increase in CEU’s is essential in determining quality bedside care.

I would like to address a few suggestions however.

If the proposed changes were put into law today as they are written, RT’s in this state would not be able to fulfill their CEU requirements. I’m addressing the 8-specific topic CEU’s mentioned in the proposal. Even as a current AARC member, if I go to their website a few of those specific topics aren’t offered. I would like to suggest that the board reconsider using all of the 8-specific topic CEU’s from the proposal and allow the choice of maybe 2 or 3 from the 8 listed.

Also, within the proposed changes are the limitations of acquiring traditional vs non-traditional CEU’s. The current proposal states, of the 30 CEU’s obtained, we would need to aquire15 by traditional means, and 15 by non-traditional means. The existing rules we currently have require Massachusetts RT’s to acquire 15 CEU’s. And of those 15 CEU’s all of them can be obtained by non-traditional means.

Let’s be realistic for a moment. Today’s departments are understaffed and very busy. Some managers cannot grant meeting days to their staff, and there may even be situations where some folks simply cannot afford to attend these meetings. Expanding traditional CEUs to 15, and limiting the non-traditional CEU’s to15 could be a very palpable hardship for a lot of people. Might I suggest that the board reconsider these numbers to be 24 non-traditional CEU’s and 6 traditional CEU’s. The 6 live CEU’s could be acquired by attending just 1 of the 2 meeting days at the annual MSRC convention within a two-year period. And if an RT so chooses not to attend an MSRC meeting, they can utilize the AARC website by attending 6 live webinars. Let me remind the board that traditional (or live) CEU’s doesn’t necessarily guarantee or quantitate a high level of education. Especially to that one RT that always falls asleep in the back row of a live lecture hall.

Lastly, I would like to propose, that the board devise a solution that would change our license renewals and our CRCE’s to be due on the same date. The way the dates are set up now causes too much confusion.

Ladies and Gentlemen of the Board, I leave you with this:

As you listen to today’s commentary, you may hear push back due to personal preferences and comparison to the field of nursing. The system needs change. It’s either time to move up or move out. At some point, all we can really say is: Lead, follow, or get out of the way.

Thank you for your time and your considerations.

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