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Regulatory Unit Counsel  
Department of State  
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Hello,

**I AM WRITING THIS LETTER TO VOICE MY OPPOSITION TO THE CHANGES IN THE CONTINUING EDUCATION REQUIREMENT FOR RESPIRATORY CARE PRACTITIONERS (42 PAB.2469).**

I have been involved in the respiratory field for approximately 30 years. I have done acute care, pulmonary diagnostics, and pulmonary rehab. Due to other demands in my life, (providing 24 hour for an elderly mother) for the last 6 years I have worked per diem (1- 12 hour shift a week).

I work for a for profit company that provides respiratory services to long term care facilities. This company does not contribute to 401 plans and has recently cut 4 out of 6 holidays. Full timer employees have not had pay increases for 2 years. I have been working for the same per diem pay rate for more than 5 years. If I could afford to participate in their health insurance plan, my take home pay would be nearly \$400 less a month.

Needless to say, this company does not reimburse for CEU or the expense involved in traveling to seminars. Full time employees are required to use PTO or days off without pay.

Increasing the requirement to 30 credits effectively amounts to a pay cut for many of us and represents a financial hardship.

Licensure has done absolutely nothing to advance our profession. I work in a small department of approximately 15- 20 therapist. In discussion with them, all feel as I do.

I have not learned a single new piece of information at a RT seminar in the last 5 years. The only people benefitting from mandatory continuing education requirements are the individuals who are presenters at the seminars. The same speakers have appeared on the agenda at nearly every seminar that I have attended since licensure started.

Yet, 18.309a – 6 states that “a licensee may not receive credit for participating in CE activity with objectives and content identical to those of another CE activity within the same biennial renewal period”

I am sure the “speaking circuit” has been helped financially with the advent of licensure and CE. However, I do learn from case studies in journal articles and webinars, and from a list serve info I receive on the internet.

It is quite clear the “speakers” and PSRC officials have pushed this legislation for their financial benefit or they would allow a greater number of “non- live” credits.

The Pennsylvania Society for Respiratory Care and government officials are wrong in thinking that quality of care can be dictated by the amount of mandatory CE credits an individual obtains, or by the number of initials on a practitioners name badge. Rather, thoroughness and conscientiousness of care is the result of the compassion, respect, and empathy that flow from the hearts and minds of practitioners.

This trend for increased licensing and education requirements is only increasing the cost of medical care now and in the future, making access to medical care even more cost prohibitive to the uninsured and underinsured.

If Medicare goes bankrupt on our watch, we have our own lust for power and recognition to blame.

Based on my professional and personal experiences, I have formed two conclusions. 1. There is no correlation between years of education and quality of care. 2. The higher the degree required for a profession, the less actual work the professional will do. For example -there are too many nurses walking around with day planners and Blackberrys because they feel they are above the duties a nurse would do.

When I was having physical therapy for an injury, the PTA was more knowledgeable and enthusiastic than was the DrPT. Recently my mother passed away in a local hospital. The best care she had in her final days was not provided by the gal working on her MSN at York College. It was provided by a diploma RN (Renee), and a LPN (Cheryl).

Again, I am asking you to reconsider this change in CEU requirements as I am opposed to the increase

Sincerely,

*Carol Myers, M.Ed, RRT, RPFT*  
Respiratory Care Practitioner