THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUN 0 2 2006

The Honorable John W. Warner
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

The following has been prepared as a response to House Report 109-89, which requests that a report be submitted on whether respiratory therapists should serve as commissioned officers. The report was to be based on a review of the requirements of the military Services. All three Services provided their input.

The Department of Labor states that an associate's degree is required to enter the field of respiratory therapy (RT). Most programs award an associate's or bachelor's degree. The qualifications, skills and practice of respiratory therapists and respiratory therapist technicians overlap. Graduates from accredited programs may sit for the Certified Registered Therapist examination. Passing the certification examination qualifies a graduate for a state license (required to practice in 48 states).

Unlike Occupational Therapists or Physical Therapists who are commissioned officers and are credentialed as licensed independent practitioners (LIPS), an RT is not an LIP and must be supervised by a physician. These limited leadership opportunities would inhibit the development of an appropriate life-cycle model for career development of RTs as commissioned officers. Enlisted RT technicians currently meet the Services' requirements in this clinical specialty.

The Air Force stated they are facing significant manpower reductions in the future. The addition of a new career field and officer authorizations would have to be at the expense of existing billets already being analyzed for military to civilian conversions.

The Army stated that the current RT training, rank structure, and career path serve the Army's needs. However, the increasingly technical nature of some RT duties might require a small number of advanced RTs. An advanced RT would be similar to what is known in the private sector as a Registered Respiratory Therapist and is accredited by the Committee on Accreditation for Respiratory Care. If further study bears this out, it would make sense to identify the total requirements for advanced RTs and develop the requisite doctrine, training, and personnel systems to support RT warrant officers.

Based on a review of requirements, all three Services are not in favor of commissioning RTs. There are no current or anticipated requirements for commissioned RTs.

Thank you for your continued support of the Military Health System.

William Winkenwerder, Jr., MD

cc:
Senator Carl Levin