

**MINUTES**  
**Annual Presidents' Meeting**  
**Council for Allied Health in North Carolina**  
**The Friday Center**  
**Redbud Rooms A and B**  
**9:30 AM – 12:30 PM**  
**May 3, 2005**

Dr. Thomas Bacon, Chair of the Council, began the meeting. by welcoming participants to the annual Presidents' Meeting. After attendees introduced themselves, the Council approved the March 2, 2005 meeting minutes.

Bacon addressed Dr. David Yoder's recent trip to Armstrong-Atlantic University in Savannah, Georgia to present at a state meeting about the Council. Bacon explained that a variation of this presentation was requested for this meeting for the benefit of new professional association presidents, as well as Council members

Dr. David Yoder, the Executive Director for the Council of Allied Health in North Carolina, gave a PowerPoint presentation titled "*Why N.C. Has an Allied Health Council?*" Yoder commenced by stating that his April 2005 presentation given in Savannah, Georgia stemmed from that state's desire to start a Council to help with their workforce needs. Both the president of the Georgia Education System and the Board of Regents had attended that presentation. He stressed that the endeavor of creating a Council of Allied Health professions does not occur overnight and that it took about ten years to realize such a council in North Carolina. The Council was created as a result of a critical workforce shortage in the late 1980's, under the guidance of the late Dr. Gene Mayer, the Director of the NC Area Health Education Centers Program (AHEC) in 1991.

The real genius of the Council's operation explained Yoder, is the bringing together of professional associations, educators and employers within allied health and providing a forum in which individuals can work together.

Yoder elaborated that the Council is made up of 28 allied health professions, which represent more than 20,000 professionals. The composition of the Council includes eight employer groups, educational organizations consisting of the UNC System, independent colleges and universities, the NC Community college system, the NC AHEC, and the NC Health Careers Access Program.

Yoder reported that the Council's operational principles include:

- To help ensure access to a well-prepared, well-distributed allied health workforce that is representative of the diversity of North Carolina communities;
- To provide policymakers at both the local and state level with information related to what allied health professionals do and what the workforce and educational needs are so appropriate decisions can be made with regard to funding and training;
- To provide employers and state agencies with allied health workforce data to help meet the demands for health care service needs of the state;
- To monitor and respond to state and federal initiatives and actions that affect the delivery of allied health care services to the state;
- To serve as an information source for public and private university systems, community colleges and the general public to inform them of workforce imbalances effecting access and cost of services as well as supply and demand issues;

- To serve as a point of coordination, support, information exchange, and crisis intervention for allied health professions, employers and allied health education programs in the state;
- To promote the allied health professions as sound occupational pathways for persons who wish to change careers.

Benefits from Council affiliation include: access to other allied health professions in an open and friendly environment; being part of a unified voice when approaching legislators on health care issues and fiscal support; access to vital current health care information such as the current workforce studies; a network with other allied health professionals; a forum to discuss issues related to state and federal policy, standards of practice, licensure and credentialing and being privy to presentations by state and federal legislators, agency directors, higher education leadership and others.

Yoder explained that the Council meets five times a year, the first Wednesday of the month beginning in January, with meetings open to the public.

He summarized some of the Council's top accomplishments which include the development of an ongoing and open forum since 1991 for sharing information and issues in the areas of education, professional trends, workforce availability of allied health professionals, health care delivery models, standards of practice, proposed licensure changes in state and federal legislation.

He specifically noted the Council's development and implementation of a plan in 1994 to address serious workforce shortages in OT, PT, and SLP. This plan resulted in a collaborated effort with statewide communities in successfully seeking legislative approval and support (\$3,373,934) for the expansion of programs in OT, PT, and SLP, in addition to providing funding for Distance Learning to upgrade BS level SLPs to MS.

The Council along with the NC AHEC and Sheps Center for Health Services Research established the usage and comprehensive survey and model database of supply and demand of allied health workforce personnel. In 2002, an office was established of the Council for Allied Health in North Carolina in NC due to the need for more sustainable leadership with a set of guidelines.

Yoder announced that the new May 2005 Allied Health Professionals Booklet listing information on the 28 allied health professions was available to attendees in either book form or cd. In addition, the 2005 Vacancy Report written by Erin Fraher who would be presenting next was also available. He added that both the 2005 May Allied Health Professions booklet and the Capstone Report created by the Sheps Center will be sent shortly to the North Carolina Legislature, he added.

He stated that the Council's website received 13,500 hits since January 2004, with an average 1,500 hits per month and with visitors from 42 foreign countries. In addition to the allied health professions booklet, the Council had completed a series of 6 workforce studies, which can be accessed at HYPERLINK "<http://www.shepscenter.unc.edu/hp>" [www.shepscenter.unc.edu/hp](http://www.shepscenter.unc.edu/hp) under "publications" or at HYPERLINK "<http://www.alliedhealthcouncilNC.org>" [www.alliedhealthcouncilNC.org](http://www.alliedhealthcouncilNC.org) under "reports".

Generated between the years 2004-2005, these reports discovered chronic workforce shortages in the allied health professions in addition to highlighting the unserved and underserved communities requiring allied health professionals in the state. The reports provide "snapshots" of allied health workforce concerns for employers, educators and policy makers, explained Yoder.

Challenges in meeting the state's needs for qualified allied health professionals include: demographics of an aging population; increasing diversity of population, and a "graying" of workforce and faculty; the changing requirements for allied health care professional and

faculty.

Current and potential responses to the challenges Yoder explained include: establishing education and “rapid transition” certificate programs, traineeships and/or student loans with service repayment options, the development of new clinical sites; and new professional, advance degree programs; teaching equipment support; support for faculty salary parity; and system for rapid identification and responding to fluctuating workforce needs.

Present challenges confronting the Council include establishing a mechanism for its permanent funding; developing effective strategies to communicate the work and needs of the allied health professions and educational programs to the UNC Board of Governors, NC State Board of Community Colleges, the NC General Assembly and the public. Primarily the challenge is for the Council to continually provide mechanisms to ensure that North Carolina has access to a well prepared, well distributed allied health workforce that represents the state’s diversity within it’s various communities.

Yoder concluded that the strength and success of the Council is having practitioners, employers and educators collaborating to ensure quality allied health services for all north Carolinians.

Bacon introduced Erin Fraher, Director of the NC Health Professions Data System of the Cecil G. Sheps Center for Health Services Research. Fraher commenced her PowerPoint presentation entitled “*Allied Health Workforce Capstone Report*”. Her presentation’s purpose was to provide an overview of relevant issues in allied health and why policy makers should care about Allied Health. Her capstone report specifically was comprised of economic data due to North Carolina’s economy being in transition. The state has experienced a decline in manufacturing employment, she explained, which has resulted in a growth in service occupations, such as health care. Allied health is driving the growth in the larger health care sector. Fraher elaborated that over 42% of the total job growth in the health care sector occurred between 1999-2003 due to growth in allied health jobs. Some of the highest and lowest jobs are found in the allied health professions with the prospects of jobs in that area projected to grow and provide a stable and relatively profitable employment sector. An estimate of 28,570 jobs between 2000 and 2010 in this area is anticipated.

Fraher indicated that challenges include estimating the allied health workforce supply. This entails establishing how many professionals are practicing in North Carolina; if too many or too few professionals are being produced; if the types and location of the educational programs are appropriate; the impact of how new technologies will change the demand for certain skills within the allied health professions; and if changes in licensure/certification requirements are required.

In addition to the new May 2005 Vacancy Report, the Sheps Center has created and completed six workforce studies between the years 2000 - 2004 in the areas: of physical therapy, speech-language pathology, health information management, respiratory care, radiological sciences and clinical lab sciences. Fraher provided highlights from these reports, such as rural/urban disparities in the supply of allied health workers, the greater reliance on assistive personnel in rural areas, the location of allied health programs and total enrollment in allied health programs in the community colleges and university programs.

Fraher summarized the findings of these reports by stating that the state educational programs are confronted with too few applicants, too few qualified applications, attrition, faculty shortages and lack of clinical placements.

The Council’s role in addressing allied health workforce issues is of acting as a neutral convener to develop, nurture and sustain a solid partnerships with employers, practitioners and educators to solve local/regional/state workforce shortages, she explained. It is needed in order to support data collection and ongoing workforce surveillance. She elaborated that the Council intervenes when an anticipated shortages in professions exist. It disseminates health

workforce findings to the UNC Board of Governors and the North Carolina Community College System, the AHECs and Regional Workforce Planning Groups.

In the future, Fraher concluded, the Council should increase its partnering efforts with workforce development boards to transition displaced workers into allied health professions.

Bacon invited the attending professional presidents to speak on their association's behalf and to limit their presentation to five minutes.

## **PRESIDENTS' PRESENTATIONS**

### **NC Speech Hearing Language Association**

#### **Wayne Foster, Immediate past president**

Wayne Foster announced that the NCSHLA held its 51<sup>st</sup> annual convention on April 30, 2005 in Winston-Salem. Despite anticipating a down year due to last year being the association's celebratory 50<sup>th</sup> anniversary at Grove Park Inn, instead membership at this year's convention approached 500 and membership in the state association is at record levels. Student attendance at the convention was very high as is current student membership. The state of the professional organization in North Carolina is strong, reported Foster.

This year NCSHLA has addressed a serious problem confronting audiologists. The current scope of practice as detailed in the licensure law is woefully inadequate and does not reflect current practice in audiology. After considerable debate and a great deal of drafting, NCSHLA has, through supportive members of the legislature, presented legislation to correct this problem. The association anticipates a successful outcome. In the near future similar legislation will be offered to address scope of practice issues for speech/language pathologists.

While the dearth of speech/language pathologists particularly in the public schools seems to always be a problem, explained Foster, current evidence shows that the need for clinicians is growing faster than availability. Some figures from the Department of Public Instruction indicate that there will be a shortfall of approximately 150 therapists in the public schools alone. Foster elaborated that this is unfortunately a nationwide problem and the shift of clinicians from one state to another only works to rob Peter to pay Paul. The university programs continue to have waiting lists of students and are cranking out students at capacity levels. As far as it can be discerned without an analysis of need, it appears that other public and private agencies continue to have many unfilled positions.

The collaboration of speech, OT and PT has had a positive impact on rate setting in North Carolina. This is a continuing process, as honorary membership to the association was bestowed upon Jeri Bates (who is not a speech pathologist) for her work in organizing and facilitating this collaboration.

Foster concluded by stating that the national association has finally mandated continuing education as part of maintaining certification. There are approximately 4000 speech pathologists and audiologists in North Carolina. These individuals will be seeking CEUs. The association's annual convention and fall meeting cannot serve that many individuals. So, the state association is gearing up to provide continuing education through distance learning. The use of the website continues to grow and it appears it will become a force for continuing education in the near future.

Foster added that the NCSHLA is committed to working with the Allied Health Council and welcomes any collaborative efforts.

## **North Carolina Society for Clinical Laboratory Science**

### **Elizabeth Haile, Representative**

Haile began her presentation announcing that four members of the North Carolina Society for Clinical Laboratory Science - Dr. Rebecca Laudicina (UN-CH), Dr. Karen Sullivan (ECU), Dr. Margaret Schmidt (Duke), and LaVonda Benbow (Wake Tech student) received national awards at the ASCLA Annual meeting this past July. She indicated to attendees that an information handout on the Society was included in the meeting material folders for their review.

Some of the challenges confronting the Clinical Laboratory Science profession in North Carolina reported Haile include: workforce data – the retirement/resignation rate far outweighs the number of new graduates. The average age of Clinical Laboratory Scientist/Clinical Laboratory Technicians (CLS/CLT) is 47/43. She explained that many CLS/CLTs remain in the clinical laboratory area for only a few years, and then leave the profession and move into industry and pharmaceutical sales jobs with better pay/salary growth and working conditions. Haile added that the increasing demand based on slightly unrealistic CSI series for quicker turnover in DNA testing will result in more new forensic labs that will also recruit skilled CLS/CLT from clinical laboratories.

Haile added that the salary ranges for clinical laboratory science professionals in North Carolina are well below the national averages, neighboring state, and significantly lower than other health care professionals with similar educational requirements. This encourages CLS/CLT to leave healthcare and is a deterrent in recruiting students into the profession, which possessed an academically rigorous program. Haile added that in the area of education, aging and retirement of faculty impacts the CLS/CLT programs. There are requirements for advanced degrees but there are no advanced degrees programs specifically in the clinical laboratory sciences in North Carolina.

Areas of professional concern include Point of Care (POC) testing which is being conducted by many other healthcare professionals and not CLS. She explained that CLS professionals need to be involved with POC testing in order to maintain the integrity of those tests and the accuracy and interpretation of their results. She ended by stating that licensure is also an issue, as CLS/CLT are not licensed in North Carolina.

## **NC Academy of Physician Assistants**

### **Audrey Tuttle, President-Elect**

Tuttle commenced by stating that the goals of the Academy is to continually monitor legislature and bills due to the impact that these bodies have on the profession and to provide continued education to physician assistants in order for them to develop their skills. She explained that the Academy has two conferences per year and announced that the next conference will be at Houston Plantation in August 2005. An anticipated 1000 participants are attending the meeting and will be representing 34 states.

The Academy had recently constructed the Stead Center located at 1121 Slater Road, Research Triangle Park, NC 27703. The North Carolina Academy of Physician Assistants is

the first state academy to construct its own building, Tuttle said. She provided attendees with an information handout on the Center.

### **Art Therapy Association of North Carolina**

#### **Naila Gazale-Lowe, President**

Naila Gazale-Lowe began her presentation with a PowerPoint presentation. She stated that the Art Therapy Association of North Carolina exist in order to: provide a voice for art therapists in the state as well as a supportive network, to promote ethical standards of practice; and to educate the public and health care institutions about the benefits of art therapy.

She discusses the recent completion of the Association's Crane Project at a hospital, which was supported by a grant in which patients made cranes for a period of two weeks. The project was very successful however, securing support for its implementation was difficult.

Gazale-Lowe explained that the Art Therapy Association of North Carolina operates under the auspices of the American Art Therapy Association whose website is located at HYPERLINK "<http://www.atanc.homestead.com>" [www.atanc.homestead.com](http://www.atanc.homestead.com) and which list the ethics for the profession. Challenges confronting Art Therapists in North Carolina, she explained include visibility, which equates validity of the Art Therapy profession. Currently, there are 48 art therapists in North Carolina which is considered to be a great deal due to there being no existing in-state training institutes. She added that many students contact her in their attempts to find Art Therapy training institutes but that none exist. An individual cannot be an art therapists without a Master degree added Gazale-Lowe. There are not many art therapists and very few people who know what art therapist's duties entail.

In another matter, the North Carolina legislature has not granted the profession licensure, therefore denying the occupation an identity and validation as clinicians. She explained that not having an accurate job description dis-empowers art therapists from their diagnostic roles. Presently art therapists struggle for an accurate job description and often work in the umbrella communities of occupational therapy and recreational therapy. Art therapists are often found working within hospitals, geriatric and prison centers, children's homes, hospice systems, wellness centers and private practice.

She concluded that more challenges, which confront art therapists include job isolation –the inability of being unable to communicate with fellow colleagues, engage in peer supervision, and share notes about the profession in general.

### **NC Association of Blood Bankers**

#### **Julie Simmons, President**

Simmons indicated that the members of the NC Association of Blood Bankers work in blood banks and large blood collection centers. The association allows students the opportunity to attend meetings for free and annual spring workshop at discount rates.

Some of the current challenges confronting the association stems from a blood problem – a human product. Presently, there is now increased blood testing, and increased restrictions as far as blood donors are concerned. Simmons explained that only a small existing percentage of individuals are eligible to donate. Limited professional resources exist and increased blood testing has resulted in increased expenses.

The association is comprised of about 140 members.

## **NC Society of Cytology**

### **Lena Cox, President**

The NC Society of Cytology has been working hard the past four years to revitalize the society, stated Cox. This year will be the society's 35<sup>th</sup> annual meeting and membership over the past few years has experienced a 20% increase. She explained that the society encourages student participation and does not charge them to attend their meeting or to become members of the society. Presently only two existing programs in Cytology exist in the state of North Carolina. One program is located at the Central Piedmont Community College in Charlotte and the other is located in Chapel Hill.

In another matter, current concerns in the cytology profession include deficiency testing. The 2005 deficiency test results will not count, however the 2006 test results *will* count. Only one organization is offering this very expensive test, which is causing some cytologists great concern. Cox elaborated that cytologists are trying to become comfortable with the knowledge that the results of the 2006 test will count. The 2006 test will require cytologists to score a 90% average or better. If this score is not achieved, then cytologists will be subject to remedial training and to retaking the test. Deficiency tests are not much of an issue with new individuals to the profession due to their being more familiar with test taking skills. The test is of a larger concern for older cytologists who might be on the verge of retirement. Cox anticipates that there will be an increase need for cytologists as some cytologist are nearing retirement. She added that she is hoping that deficiency testing will be the start of a good trend in the profession and not a terrible concern for cytologists.

## **American Massage Therapy Association of North Carolina**

### **Rachel Mann, President**

Mann announced that the American Massage Therapy Association of North Carolina presently has 52,000 members and is over 77 years old. The state chapter of North Carolina has 13,000 members and received licensing in 1998. The first licenses were issued in 1999. Mann indicated that the organization is still struggling with getting all therapists licensed and that the association wants all massage therapists to become licensed therapists. She said that the association needs the Council's help in spreading the word in encourage message therapists to become licensed.

She reported that the association requires therapists to undergo continuing education of 25 hours every two years and currently has three bills in the North Carolina legislature.

Mann announced that there had been a discrepancy in the schools. Currently, there are 29 existing programs in the state, with 13 proprietary schools, and the remaining programs are in community colleges. The association is working on resolving the school discrepancy issue before it goes to all the committees in the legislature.

Message therapy is a profession that is found in spas, homes, offices and hospitals. The national organization is working with other interested parties in constructing a definition for medical massage. She added that hopefully this comprehensive definition will exist in a few years.

In another matter, massage therapists do not receive third party reimbursements. Major insurance companies in the state do not recognize message therapy as a health care

profession. It is recognized in other states and the association's national organization is working on developing the association's CPT codes and will be resubmitting these codes for next year.

### **The NC Association for Deans and Chairs of Health Sciences**

#### **Nancy Sumner Porter, Representative**

Porter began her presentation by announcing that she was representing a new allied health association – the NC Association for Deans and Chairs of Health Science, which was established in 2004. She explained that the deans and chairs gathered in Raleigh at the request of Cathy Franklin-Griffin to address the issue of defining retention and attrition for health programs in the North Carolina Community College System. Many of the Deans have served as ADN Department Chairs and lamented the lack of a network for deans similar to the ADN Directors organization. The group decided to form an organization. A constitution was adopted and officers were elected on December 1, 2004. Porter said that the purpose of the organization is “to promote the advancement of health science education by encouraging innovation, collaboration, cooperation, and communication among Deans and Chairs of Allied Health Sciences.” The association also seeks to provide leadership by advocating the interest of health science and by reflecting the broad scope of health science disciplines. Within the community college system, the leadership of promoting the interest of health sciences extends to the associate pre-nursing degree all the way to the vet tech degree.

Porter added that the association has been fortunate in its elections of its officers as they are currently geographically distributed throughout the state. Since their December elections, the officers have addressed criminal background checks for students and faculty, the NC Board of Nursing Rules and Regulations for Educational programs, Medication Aide, NCIOM recommendations, and the status of Therapeutic Massage programs.

She indicated that there was an information handout for reference in attendees meeting material folders.

### **NC Physical Therapy Association**

#### **Daniel Dore, President**

Dan Dore the president of the NC Physical Therapy Association indicated that his group represents both physical therapists and physical therapist assistants. Dore said that the association is very interested in making sure that North Carolinians are not underserved in the area of Physical therapy. His association is concerned with individuals, primarily children, who do not have the payment to receive care or treatment. Dore said that his association is interested in working with attendees in trying to create a significant impact upon state legislators. He concluded by saying he was looking forward to working with any attendees who are interested in making changes legislative-wise in their professional areas.

### **NC Recreation Therapy Association**

#### **Julie Bradwell, President**

Bradwell announced that the NC Recreation Therapy Association's recent efforts have consisted of contributing to their national association's efforts of working on the Medicare Project. The Medicare Project asks federal representatives of the association to support their

colleague letter requesting language and clarification in the CMS Regulatory guidelines with regards to the provision of recreation therapy services as needed in inpatient rehab hospitals, psychiatric hospitals, and school nursing facilities. Since recreation therapists are already currently working in facilities that are covered by a preferred provider system out of Medicare, this request on a national basis is budget neutral, explained Bradwell.

The association's board of directors currently are going to the colleges and universities in the state that have recreation therapy curriculums and conducting town hall meetings for their future leaders. These meetings consist of educating recreation therapy students on what NCRT's mission is and membership benefits. Students identify their concerns with the recreation therapy profession and solutions are created in trying to resolve them.

In another matter, the association is submitting a letter to the NC Medicaid requesting that Recreation Therapy be identified as a qualifying service providers for various outpatient and rehab settings, mental health facilities and within CAP and NRVB, including others. A recreation therapy licensure bill has been introduced on the house side and currently is in the finance committee. The Therapeutic Recreation Certification Board is initiating this bill and Betty Garrett the executive director of the Board is the appropriate individual to contact regarding comments and questions about this bill, Bradwell said.

The association's annual conference will be on September 18 – 20, 2005 in Charlotte with a one day pre-conference on alzheimers presented by the NC Recreation Therapy's national association ATRA. Bradwell welcomed attendees to speak at their upcoming conference and that information about the association is available at their website located at [HYPERLINK "http://www.ncrta.org" www.ncrta.org](http://www.ncrta.org).

## **NC Dental Hygiene Association**

### **Debbie Levefers, President**

Access to care is currently the critical issue of concern within the dental hygiene profession, said Levefers and is being taken up with the North Carolina legislature. She explained that there exist a huge unmet need for dental care in the state among the very old and the very young. The average cost of getting teeth cleaned is now about \$120.00, which is a luxury few state residents can afford.

The North Carolina Dental Hygienist practice act requires that dental hygienists operate under the direct supervision of a dentist. Levefers said that this requirement will not allow dental hygienists to catch up with the state's current need for dental care due to hygienists being required to mirror their supervisor's hours of practice. The NC Dental Hygiene Association is requesting that the law read that general hygienists can operate under *general* supervision. This way, she explained, a patient could have a dental examine at the respective facility, have a prescription written, and then a dental hygienist could be hired by the particular facility to performed that duty without having a dentist on the premises. This would help with the demand for dental care as well as address the underemployed issues in the area of dental hygiene.

There are twelve dental hygiene programs in the state of North Carolina and nine of the twelve programs have indicated to Levefers that they cannot put last year's graduates to work due to a glut in the profession. Levefers elaborated that direct supervision mandates that a dentist in North Carolina can only hire two dental hygienists at a time. If general supervision existed, a dentist could hire whatever amount of individuals that were required to accomplish the job. General supervision would allow dental hygienists to go off-sites and perform their duties. General supervision would also put underemployed and unemployed dental hygienists to work. She asked for the attendees to discuss issue with their contact and to view

general supervision of dental hygienists as a positive thing for the profession.

In another matter, the association wants to introduce into the legislature the right for dental hygienists to administer local anesthesia. This right would help dental hygienists help older patients in nursing homes to be more comfortable when they require dental treatments. Thirty-seven states currently allow hygienist to administrate local anesthesia.

She said that the association would also like to work toward self-regulation. The association would like to see North Carolinian hygienist to be viewed as professionals that can regulate themselves, have their own dental hygiene board of examiners and not have to operate under the auspices of the Dental Board of Examiners.

Association membership has increased steadily. There are 4,000 registered dental hygienists in the state and 668 members belong with the association.

### **NC Society of Respiratory Care Bob Campbell, Representative**

Bob Campbell spoke on behalf of A. Ray Braxton the president of the North Carolina Society of Respiratory Care. Campbell stated that respiratory therapists in the state have been licensed since 2002. Approximately 350 respiratory therapists are employed in North Carolina. The goal of the NC Society of Respiratory Care has been to enhance the science of respiratory care and respiratory therapy by primarily conducting their annual meeting every year in September. The last past meetings have been extremely successful with attendance being at four hundred plus individuals, he said.

North Carolina has a continuing education requirement for state licensure that the association helps respiratory therapists meet by running that continuing education program. Campbell indicated that the association always thanks the local and state AHEC for helping run these programs. His association is active in the local level and is an affiliate of the American Association of Respiratory Care. At the 2004 annual meeting in New Orleans, the NC Society of Respiratory Care was awarded the Affiliate Award.

Campbell thanked Fraher for her Respiratory Therapy Workforce Report and concurred that the issues her report identified are indeed issues that respiratory therapists are confronted with such as the manpower shortage. He concurred with Fraher's 2005 Vacancy Report providing accurate vacancy rates within the profession. Campbell indicated that the association fills out their job vacancies with individuals from agencies. Due to the nature of the work at Duke Hospital, an agency person does not do the entire scope of the respiratory care practice and therefore the agency person does not substitute for a trained, full-time employee.

Campbell identified attendee Bill Croft as being a proponent in the creation of a bachelors degree program in respiratory care in North Carolina. The NC Society of Respiratory Care, the North Carolina Respiratory Care Board, and the North Carolina Educators all support the creation of bachelor degree programs in the state to help address the problems associated with public agencies, faculty positions, government agencies, and in hospital positions.

### **Music Therapy Association of North Carolina Becky Engens, President-Elect**

Engens announced that there are three schools in North Carolina with programs in music therapy and that the Music Therapy Association of North Carolina is in the process of

accrediting a fourth school. Due to there only being four national roster internships, retention is an issue.

The association's website was established ten years ago on a geocities account but the association has recently purchased a domain name that echoes the national association's domain name and regional format. This new domain name will allow the association to be more accessible to individuals looking for its services.

In another matter, senior exit projects are a current issue confronting the group. The association is overwhelmed by calls by high school senior students who contact the association to extract information about the music therapy profession. Due to the popularity of music therapy, the association receives annually an average of 100 calls from among 6 or 7 clinicians in the state in about a six-week time span. These calls range from extremely articulate students who have conducted background research on the profession, to individuals who have not yet accessed the national website. Engens explained that at this time no one centralized place exist to address such concerns as these projects. Engens questioned attendees if this had been a problem that their associations were confronted with and welcomed comments on how respond with such calls.

## **North Carolina Society of Radiologic Technologists**

### **Melissa Jackowski, President**

Jackowski provided attendees with a PowerPoint presentation and handouts. She focused on three issues within the radiologic technologist profession, which include: workforce issues, advanced practice clinician and the C.A.R.E. Bill legislation. She said that in 2002 the profession had the highest vacancy rate for all health professions and that since 2000 the number of first time registrants in radiography has increased by 66%.

She announced that the profession has added the position of radiologist assistant to the field. She explained that radiologist assistants are new advanced practice clinicians and work under the supervision of a radiologist. They exist to assist with the workflow and cannot make official interpretations of images - only initial observations of diagnostic images. The First registry exam for RAs will take place the fall of 2005. UNC has received a grant to start a class for radiologic assistants and will hopefully have an incoming class this fall.

Jackowski discussed the Consumer Assurance of Radiologic Excellence (C.A.R.E.) Bill. This bill will establish education and credentialing standards for personnel who plan and deliver radiation therapy and perform all types of medical imaging exams with the exception of ultrasound and echocardiography. Jackowski attended a nationally sponsored event called RTs in DC. She elaborated that the consumer assurance of radiologic excellence in the field is the goal to promote to legislators. The C.A.R.E. Bill will ensure the quality of images and reduce the need for additional testing, delays in treatment, and patient anxiety. North Carolina is one state that does not have licensing requirements for radiologic therapy and this lack of licensing poses a threat to the public. Current legislation for House Bill 1426 was introduced by Congressman Chip Pickering on March 17, 2005 and Senator Michael Enzi will introduced Senate Bill 1197 but no specific date for this bill's introduction has yet been announced. Jackowski said that North Carolina support is needed in order for legislators to hear from their constituents over this important bill. She directed Council members to the North Carolina Society of Radiologic Technologist's website at HYPERLINK "<http://www.ncsrt.org>" [www.ncsrt.org](http://www.ncsrt.org) and stated that more information on the C.A.R.E. Bill could be found at the American Society of Radiologic Technologists website at HYPERLINK "<http://www.asrt.org>" [www.asrt.org](http://www.asrt.org).

## **NC Occupational Therapy Association**

### **Cherie Conroy-Harman, President with Carol Siebert, President-Elect**

Conroy-Harman thanked the Council for its work in the allied health professions. She stated that the NC Occupational Therapy Association is a powerful group that has focused its efforts this year on legislation. The association has strove to provide excellent continuing education for OT members and OTA members. The 2006 American Occupational Therapy Association national meeting will be in Charlotte, North Carolina and the association is collaborating with the national group.

Conroy-Harman introduced president-elect, Carole Siebert to speak on the association's legislative endeavors. Siebert stated that she had been involved in a task force that was formed in a collaborative effort between their association and the North Carolina Board of Occupational Therapy to bring their profession's practice act up to date. The act has not been revised since it was passed twenty years ago.

June 2004 of last year saw the endorsement of draft language for the act by the association and the regulatory board. The regulatory board then placed the draft language on their website last fall in order to seek input from allied health professionals and from other interested parties. The task force kept meeting and the bill was introduced in the house and the senate in late February. The senate health committee heard Bill 208 on April 27, 2005 and moved the bill on to the finance committee. Siebert said the association was examining the concerns that were raised at that committee meeting and were working with their national accreditation board, their national board and their education curricula to resolve them. She concluded that the association could look forward shortly to having a practice act that would be comprehensive to the twenty-first century.

Bacon indicated that in future, the Professional Associations Presidents meeting might be spread out over more than one day due to many good ideas stemming from the attendees. He added that continuing education is an area of great concern for these associations and that he and other council members would be pleased to endorse efforts in the area of continued education.

## **Reports on Articulation of UNC and Community College programs**

### **Jim Sadler**

Jim Sadler reported on the articulation issue of UNC and community college programs. He stated that about a year and a half ago, he and a few council members scrutinized the issue of articulation in community colleges in allied health programs within the North Carolina community college system. Sadler said that articulation is an on-going topic and that a system wide articulation agreement does exist with the North Carolina community college system.

Sadler explained that state community colleges offer two types of degrees- one being an associate degree in the area of an associate degree of art and the other being an associate degree of science. It is in the associate degrees where the comprehensive articulation agreements exist. He elaborated and said if a community college student takes the core 44 credits needed for a general education requirement for a baccalaureate degree from a UNC institute, this core 44 of general education classes will transfer over and a student will not be required to take or retake any more general education classes in order to complete a

baccalaureate degree, explained Sadler. This agreement has been in successfully existence for about a decade. In addition to this type of agreement, there exist within some major North Carolina educational institutions, some pre-major agreements with community college systems. Some of these agreements are bilateral between a specific campus and a specific community college campus. Two statewide pre-major articulation agreements exist in the allied health area, one in speech communication and one in health education. In addition to the core 44 general education articulation agreement, said Sadler, there exist a statewide agreement on what courses a students must take in order to major

Another issue that arises explained Sadler is in the area of associate degrees, the applied associate degrees. Instead of the core 44 general requirements, students take courses that are the equivalent of the last two years of a baccalaureate program. The problem occurs when the student, now a working professional, wishes to pursue a baccalaureate degree and discovers that they do not have the general educations requirements of the first two years of a baccalaureate program and wonder what they will have to do in order to obtain those requirements. This is an on-going issue, said Sadler.

In another matter, he reported on his survey of UNC allied health programs. Only three UNC health programs out of 21 programs have an articulate agreement with community colleges. Many of the programs surveyed were interested in creating articulation agreement and are in the process of pursuing an agreement. Most of the programs that do not have articulation agreements have listed prerequisites on their websites. Some baccalaureate programs do not have pre-requisites except the core general education comprehensive agreement. Most of the feedback that students provided on the topic of articulation agreements was of an anecdotal nature.

Sadler noted that the lack of articulate agreements might exist in some situation due to many of the allied health professions increasingly pursuing the development of masters degrees programs and not so much the entry-level degrees. UNC programs surveyed, for their observations on articulation agreements. Sadler asked the UNC programs surveyed for their observations on articulation agreements. Their observations included that there was a lack of community college advisor awareness in the pre-major area, a lack of consistency in community college advising, and the lack of appropriate course advising, in addition to the lack of quality writing skills due to there being no existing writing centers.

## **Workforce Task Force**

### **Alan Brown**

Brown indicated that the direction of the Workforce Task Force Report will be contingent on the Council's funding. The Executive Committee for the Council of Allied Health will meet in July 2005 and at that point, will determine how to proceed with the Workforce Task Force Report.

## **Federal and State Legislative activity affecting Allied Health Professions**

### **Pat Porter**

Porter directed members to a handout in their meeting material folders listing bills in the federal and state legislation addressing the allied health professions.

Porter referenced the C.A.R.E. Bill that Jackowski addressed in her PowerPoint presentation. She indicated that it is federal legislation and that information for this bill could be found at

HYPERLINK "http://thomas.loc.gov/" <http://thomas.loc.gov/>.

Porter's report scrutinized seven bills. She turned attendees attention to state H183 Increase Geriatric Care Providers Bill and stated that this bill includes language that specifies allied health professions. She explained that a great deal of attention was being paid to the issue of long-term care in this current general assembly's session. H 383 Patient Care Resources Bill is a bill, which supports grants and loans to hospitals that have critical need for allied health personnel. She informed members of H463/S509, which is an Allied Health and Science Center Bill requesting money for the construction and operation of an allied health and science center at the Western Piedmont Community College. Porter then reported on H573 entitled Funds for Increase in Community College Programs and will specifically focus on allied health care. This bill, she explained, possesses a provision to weigh the cost of allied health programs against all other community college programs as a way to support an increase in the funding for allied health programs.

Porter focused on H983/S1100 Mental Health Parity Bill. She stated that it is an important bill for those who suffer mental illness and for whom insurance coverage is very minimal. This is the fifth session that the H983/S1110 bill has been brought forward to the legislature. Primarily, the bill asks that individuals receive treatment for mental illness equal to the coverage that they receive for physical illnesses.

There are other proposed bills specifically in the areas of allied health. H1301 PT Board Competency of Licensees is one bill that addresses those individuals who are either competent or incompetent to practice physical therapy. It defines this competency. H1194 The PT Professional Corporations bill is focuses on who may supervise PTs among those who administer programs within which physical therapists practice.

Porter concluded by stating the bills she addressed were very active in the NC General Assembly. She urged attendees to speak on behalf of the bills they want to see supported with their local legislators and committee chairpersons. She added that the funding request in the AHEC budget for the Allied Health Council in North Carolina is receiving positive attention, Porter concluded.

Bacon updated attendees by indicating that the Duke Endowment Grant which funds the Council, expired on April 30, 2005. He stated that the Council had committed one-time funds up to June 30, 2005 and possibly for three more months due to the NC General Assembly continued deliberation. He explained that these funds will take the Council through the summer until September. Whereupon, the Council will be dependent on generating state funds. Bacon said that the he was communicating with the Duke Endowment to see if they might provide some bridge funding if the Council has to wait another year. Bacon requested that attendees help in communicating to house members the need for funds for the Council.

## **Activities of the Executive Director**

### **David Yoder**

Yoder reported that Group 1- the Counseling and Recreation Science group did not need a representative election due to Diane Groff inheriting her position later in the year. Yoder stated that Martha Taylor of Dental Sciences – Group 2- should speak with her group as should would Rebecca Bullock of Group 3 – the Diagnostic Sciences to decided whether a new representative would be elected.

He announced that the Executive Committee for the Council of Allied Health would meet on Friday, July 29, 2005 at the Friday Center for its annual planning strategy retreat. The next Council meeting would be on Wednesday, September 7, 2005 at the UNC General

Administration Building, Board Room.

Yoder concluded the meeting by stating that the new May 2005 Professional Allied Health Professions booklets were available in both hard copy and cd versions. Attendees were welcome to take whichever version of the booklet they preferred from the registration table. The Council adjourned and joined association presidents for lunch. Presidents and their representative met following the main Council meeting.

### **In Attendance**

#### **Members, Staff and Consultants:**

Judy Ashbaugh, Dept. Health & Human Services, Office of Research, Demo., & Rural Health Dev.

Thomas Bacon, Chair; Director, NC Area Health Education

Alan Brown, Data Committee Chair; NC AHEC Program

Allison Bordeaux, Assoc. Direct., NC AHEC Allied Health Representative, Wake AHEC

Rebecca Bullock, Allied Health Professional Rep, Group 3; NC Association of Blood Bankers

Bill Croft, Allied Health Professional Rep, Group 4 – NC Society of Respiratory Care

Carolyn Cusic, Association for Home & Hospice Care of North Carolina

Wayne Foster, Allied Health Professional Rep. Group 2, NC Speech, Hearing and Language Association

Ned Fowler, Community College Allied Health Programs Rep., Asheville-Buncombe Tech. Community College

Erin Fraher, Cecil G. Sheps Center for Health

Diane Groff, Allied Health Professional Rep. Group 1, Dept. of Recreation and Leisure Studies

Sharon Grubb, NC State Education Assistance Authority

Kathryn E. Heilig, Vice Chair, NC Hospital Association

Rees Jenkins, Immediate past Council Chair

Patricia Porter, Government Liaison

Elizabeth Rogers, Independent Colleges & University Rep.

James Sadler, UNC Systems Representative; UNC General Administration

Martha S. Taylor, Allied Health Prof. Rep., NC Dental Hygiene Association

Vickie G. Whitaker, Dept. of Health and Human Services

David Yoder, Executive Director

#### **Professional Association Presidents, Representatives, and Guests:**

Julie Bradwell, NC Recreation Therapy Association

Terry Barber, NC Association of EMS Administrators Association

Rebecca Bullock, NC Association of Blood Bankers

Robert Campbell, NC Society of Respiratory Care

Cherie Conroy-Harman, NC Occupational Therapy Association

Lena Cox, NC Society of Cytology

Daniel Dore, NC Physical Therapy Association

Becky Engens, Music Therapy Association of North Carolina

Wayne Foster, NC Speech, Hearing and Language Association

Naila Gazale-Lowe, Art Therapy Association of North Carolina

Diane Groff, UNC-CH, Department of Recreation and Leisure Studies

Libby Haile, NC Society for Clinical Laboratory Science

Melissa Jackowski, NC Society of Radiologic Technologists, Inc.

Debbie Lefevers, NC Dental Hygiene Association

Rachel Mann, American Massage Therapy Association – NC Chapter

Carole Siebert, NC Occupational Therapy Association  
Julie Simmons, NC Association of Blood Bankers  
Carolyn Taylor, Blue Ridge CLMA  
Audrey Tuttle, NC Academy of Physician Assistants

**Guests:**

Terry Cordell, Mountain AHEC  
Donna Dayer, National Respiratory Training Center  
Dawn Grant, Eastern AHEC  
Linda Horton, North Carolina Hospital Association  
Irene Jurczyk, MAHEC, CME, Dental and Allied Health Education  
Rebecca Livengood, Sheps Center for Health Services Research  
Deborah Bumgarner Ramey, Eastern AHEC  
Diane Steinbeiser, North Carolina Community College System  
Alice Schenall, Area L AHEC  
Nancy Simpson, Northwest AHEC, Wake Forest University  
Tracy Stewart, National Respiratory Training Center  
Nancy Sumner-Porter, David Belk Cannon Health Education Institute  
Edna Williams, State Education Assistance Authority  
David Wysocki, North Carolina Occupational Therapy Association  
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