

# DELEGATE HANDBOOK

## House of Delegates

### American Association for Respiratory Care

(Created 7/92 - Updated 06/2009)

#### INTRODUCTION

Welcome to the AARC House of Delegates! You are about to embark on one of the most exciting and challenging tasks of your professional career. The AARC HOD brings together some of the most creative and motivated professionals that the Respiratory Care Profession has to offer. Twice a year the AARC HOD meets to work toward accomplishing its stated mission to... "serve as a representative body of the general membership and the representative body of the affiliate societies", and to... "participate in the establishment of the goals and objectives for the Association and participate in the governance of the Association". As you can well imagine, getting approximately 100 professionals together for such purposes poses a tremendous challenge indeed. How do we, as members of the House who have been charged with the above stated mission, accomplish such a task? Prerequisite to even attempting such a task is having a basic working knowledge of "the system". To help acquaint you with the structure of the House and some of the key "processes" by which the House functions, this handbook has been compiled. It is intended that this handbook will be a fluid document, with frequent revisions occurring as we learn what works and what doesn't in helping the house carry out its mission.

The biggest challenge you will encounter as a member of the House is to fully comprehend and execute the mission of the HOD. As a delegate you accept that the HOD "participates in the establishment of the goals and objectives" and the "governance of the Association". While pursuing this mission with vigor and enthusiasm, you need to always remember that the fiduciary responsibility of carrying out the goals and objectives of the Association are the responsibility of the at-large elected officers of the Association, the Board of Directors. One of your biggest challenges as a delegate is to accept that the House can and does participate in the governance of the Association without having ultimate authority to implement all House recommendations. Your real challenge is to ensure that the recommendations of the House are so well thought out, so on target, that the wisdom of their implementation will be self-evident. Through the passing on of such quality ideas, many actions of the HOD have resulted in improvement and changes in the operation of our Association.

As a starting point it is essential that you become extremely familiar with the "House Rules". This is essential for understanding the operation of the HOD and hence Delegates must be quite familiar with them. This handbook is then structured to familiarize you with the House structure, resolutions process, AARC budget process, AARC Strategic Plan, HOD orientation process, and lastly, a glossary of terms you will likely encounter in your tenure in the House.

Welcome to the AARC House of Delegates. We hope the following handbook assists you with carrying out your mission to serve the membership who elected you.

## **PREFACE**

This handbook has been prepared in an effort to assist in the orientation of new members to the House of Delegates. Information concerning the AARC Bylaws, the House Rules and the Historical Overview has been consolidated into what is hoped to be an easy to read reference. The handbook is presented for information only. The AARC Bylaws and the House Rules continue to be the official documents concerning the function of the AARC and the House of Delegates.

## TABLE OF CONTENTS

	Page #
House Officers / Executive Office Staff -----	4
House of Delegates Orientation -----	5
House Committees -----	5
AARC Committees -----	7
Strategic Objectives -----	8
Calendar of Events -----	11
Glossary of Terms and Abbreviations -----	12
Resolutions Committee (Appendix) -----	16
E-Vote Process -----	19
Publications Committee (Addendum) -----	20
Basics of Parliamentary Procedure -----	21
Rules -----	26
Historical Overview -----	44

## **HOUSE OFFICERS/ EXECUTIVE OFFICE STAFF**

### SPEAKER

The Speaker of the House is the presiding officer at all meetings of the House and the liaison between the House and the Board of Directors. He/She prepares the agenda for each meeting based upon consultation with the President, the committee chairs and the Executive Office. The Speaker appoints the chair and members of all House committees. The Speaker also has the authority to remove chairs and members. He/She is also an ex-officio member of each House committee. It is the Speaker's responsibility to plan and coordinate the yearly activities of the House. It is also his/her responsibility to assure that business is conducted in a professional atmosphere and to guarantee that each member has an equal opportunity to express his or her views. The Speaker appoints a parliamentarian and may appoint a sergeant-at-arms to assist in assuring that the activities progress in an orderly fashion.

### SPEAKER-ELECT

The Speaker-elect automatically becomes the Speaker at the conclusion of the Speaker's term of office. He/She also becomes the acting Speaker, assuming all of the duties of the Speaker, in the event of the Speaker's absence, disability or resignation. The Speaker-elect also performs any other duties the Speaker may assign. The major task for the Speaker-elect is to plan the activities for the following year. This includes determining the goals for the year, committee charges and committee members. The Speaker-elect also serves on the Finance Committee and as chair of the Audit Subcommittee of the AARC.

### IMMEDIATE PAST SPEAKER

The Immediate Past Speaker serves as the Chair of the Credentialing Committee. He/She also serves, in the absence of the Speaker, as the liaison between the House and the Board. The Past Speaker is a member of the Board of Directors and a member of the House. He/She is the only person within the organization who serves on both bodies. The Past Speaker is also required to perform any additional duties the Speaker or the AARC President may assign. This could mean that the Past Speaker may be required to serve on other House or AARC committees if requested. The Past Speaker attends as much of the House meeting as possible and all of the Board meetings. One very important duty of the Past Speaker is to report to the House regarding Board activities. However, this is not their sole responsibility. Other individuals, primarily the President and the Speaker, may also report back to the House regarding what occurred during a particular Board of Directors meeting.

### SECRETARY

The Secretary is in charge of keeping the minutes of each House meeting, conducting roll calls, tallying poll or e-votes, circulating pertinent correspondence, forwarding copies of the minutes to House Officers and delegations, forwarding attendance records of the delegates to society presidents, and reporting the results of any mail **and/or electronic** elections. The Secretary serves as a member of the Resolutions and Credentials Committees. The Secretary is also required to perform any additional duties the Speaker may assign.

### TREASURER

The Treasurer is responsible for monitoring the House of Delegates budget and for preparing the budget for the following year. The Treasurer is a working member of the AARC Finance Committee and the Audit Subcommittee, and, along with the Speaker-elect and Past Speaker, provides input into the AARC budget decisions from a HOD perspective. The Treasurer provides information regarding the status of the HOD accounts to the members of the House. The Treasurer also prepares an analysis of the financial impact of a resolution when requested by its author and/or the Resolutions Committee. The Treasurer serves as either the chair or a member of the Delegate Assistance Committee, participates in the HOD orientations, and performs any additional duties assigned by the Speaker.

### PARLIAMENTARIAN

The Speaker of the House may appoint a Parliamentarian to serve during the Speaker's term. The Parliamentarian attends all meetings of the House and the House Officers' meeting. He/She provides advice on matters of parliamentary procedure. In addition, she/he serves as the House Historian and as a member of the HOD Elections Committee. The Speaker may also assign additional tasks to the Parliamentarian as deemed necessary. The Parliamentarian assists the House Speaker, at the Speaker's request, to ensure that all personnel providing reports are available when needed to cause the House to move in a timely manner through the agenda. The Parliamentarian

may also assist members of the House in developing motions or providing information regarding the best way to accomplish the goal at hand.

#### EXECUTIVE OFFICE LIAISON

The Executive Office liaison is available to members of the House to answer questions that may arise in preparation of resolutions or in identifying resource people or materials. The liaison attends each House meeting to respond to questions regarding Executive Office procedures and/or to provide updates on the Association's projects in the membership and public relations arenas. The liaison serves as a resource to House officers in completing their charges and activities for the year.

#### EXECUTIVE OFFICE SUPPORT STAFF

The support staff is usually the first point of contact for questions regarding the House activities. The support staff handles the recording of the House meetings, takes notes, and prepares minutes of the meeting in conjunction with the House Secretary. Administrative functions are performed necessary to the smooth operation of the House including collecting information for and assembling the House agenda books and resolutions. The support staff is also a resource for HOD committee chairs in helping them organize and perform their functions throughout the year.

### **HOUSE OF DELEGATES ORIENTATION**

Immediately prior to each meeting of the House of Delegates, an orientation session is held for all newly elected delegates. Seasoned delegates who are interested in refreshing their memory are also encouraged to attend. According to House Rules any delegate, who has not attended one of the previous two meetings of the House, must attend an orientation session in order to be credentialed to sit and function in the House. If you are unable to attend an orientation session, though you will be allowed to attend the House meeting, you will not be allowed either voice or vote.

The goal of the orientation session is to maximize the function of new delegates as this is of utmost importance in maximizing the efficiency of the House as a whole. The topics discussed in the orientation session include an overview of: 1) the function and operation of the AARC; 2) the AARC Strategic Plan; 3) the relationship between the House of Delegates and other AARC groups/bodies; 4) the relationship between the House of Delegates and other related respiratory care organizations; 5) the duties of House Officers; 6) House Rules; 7) the resolutions process; and 8) parliamentary procedure.

The Orientation Committee sends a packet of information to each new delegate to assist with preparation for your first House meeting. This orientation package contains a copy of the AARC Bylaws and minutes of the last House of Delegates meeting. As a new delegate, it is extremely important for you to thoroughly read and study the information provided prior to attending the orientation session.

As you become involved in the activities of the House, you will find that the more homework you do...the better able you will be to function during each house meeting. Just as preparation for your House orientation session is important, preparation for each House meeting that you attend is also important. A thorough review of the House agenda book will be essential to your preparation and will help you to represent your affiliate to the best of your ability.

### **HOUSE COMMITTEES**

The following is a description of the committees that operate as part of the House of Delegates. These are committees that are designated in the House Rules as standing committees.

In addition, the Speaker may choose to appoint one or more special or ad hoc committees to deal with issues under discussion.

#### AFFILIATED BEST PRACTICES COMMITTEE

The primary function of the Affiliate Best Practices Committee is to identify state affiliates that have been recognized for demonstrated best practices in selected areas such as membership, communications, community service, legislative activities, student recruitment or other topics. The committee will solicit information regarding

best practices from the affiliates and prepare an information-sharing presentation to the House. The committee may utilize other methods to communicate best practices such as the House newsletter or the electronic listserve.

#### CHARTERED AFFILIATES COMMITTEE

This committee shall concern itself with the activities of the state societies in their relations with the Association, the public, hospitals, health care institutions, regulatory agencies, and other organizations. The committee has the responsibility for evaluating applications for the Summit Award. The Summit Award is presented to the chartered affiliate that has documented their efforts and diligence toward excellence in promoting professionalism, the importance of the respiratory care profession and all the successes achieved through the hard work of the chartered affiliate.

#### CREDENTIALS COMMITTEE

The function of the Credentials Committee is to assure that those individuals who are seated in the House as delegates have been appropriately elected by the active AARC members of their society, appropriately designated or credentialed by their society as those individuals whom the society would like to have represent them, and appropriately oriented to the function of the House and the relationship of the House to other organizations within the AARC and other related respiratory care organizations. Members include the Past Speaker of the House and the Secretary of the House. The committee performs its function by processing credential forms to society boards and then reviewing their responses to assure that those individuals who are in fact seated in the House as delegates are the same individuals who are appropriately elected or appointed by their society board to represent their society. The committee must notify the Speaker of the House at least four weeks prior to each meeting of all societies that have appropriately submitted their forms and must work with the Orientation Committee at the beginning of each House meeting to assure that all new delegates have been appropriately oriented before they are officially seated to function in the House.

#### DELEGATE ASSISTANCE COMMITTEE

The primary responsibility of the Delegate Assistance Committee is to review and act on requests from state societies for delegate travel funds according to HOD approved policy. The specific policies can be found in the House Rules, "HD 010, Delegate Travel Assistance and Funding". The purpose of these funds is to provide financial assistance for delegate travel to state societies that have budgetary constraints and/or financial difficulty to ensure that they are represented at each HOD meeting. This committee is chaired by the House Treasurer or a House member with at least one full year of experience on the committee.

#### ELECTIONS COMMITTEE

The Elections Committee's primary function is to coordinate House elections. Election of officers and committee members for the Bylaws and AARC Elections Committees are held each fall. Nominations for officers are received at the summer meeting only. Nominations for committee members are accepted at both meetings. Officers are determined by a majority vote and committee members by a plurality vote. Biographical information on the officer candidates is collected and compiled by the committee and included in the Agenda Book for the fall meeting. For a more complete description of the elections process, refer to HD 007 of the House Rules.

#### LEGISLATIVE AFFAIRS COMMITTEE

The primary purpose of the House Legislative Affairs Committee is to provide a communication link between the AARC Federal Governmental Affairs Committee, the AARC State Governmental Affairs Committee, the PACT and the House of Delegates. The committee increases the HOD awareness of the legislative and regulatory initiatives effecting the Respiratory Care profession. The Legislative Affairs Committee will work with the House Officers to coordinate the HOD response when the 435 Plan is activated.

#### ORIENTATION COMMITTEE

The Orientation Committee of the House of Delegates presents an overview of House and delegate function to all new delegates prior to the convening of each House meeting. The purpose of these activities is to ensure smooth functioning in the House, provide a continuum of information flow within the House, and provide information as to the relationships between the House delegates and their constituents, and the AARC and its Board of Directors. Finally, this committee evaluates its activities by surveying those completing orientation, so as to ensure that the orientation is indeed effective.

### PROGRESS AND TRANSITION COMMITTEE

The Progress and Transition Committee's primary function is to evaluate the outcome and effectiveness of House meetings in conjunction with the Orientation Committee. The committee provides a bridge between the old and the new, often offering recommendations to facilitate that process. This committee has been active in planning cybernetics sessions, assisting committee chairs with the evaluation of their committee members, updating historical records and publishing articles in the *AARC Record*.

### PUBLICATIONS COMMITTEE

The main purpose of the Publications Committee is to function as an editorial board to obtain and review articles submitted by the members of the House of Delegates and Board of Directors for publication in the *AARC Record*, which is published at least three times per year, the schedule to be determined annually. The *AARC Record* is the newsletter for the leadership of the AARC. Members of the House are encouraged to contribute articles to the newsletter and, most importantly, to read each issue and share the information contained within it with their society boards. The newsletter is a powerful method of communication for the AARC leadership and the chartered affiliates.

### RESOLUTIONS COMMITTEE

This committee is chaired by a previous committee member. Its members are appointed by the Speaker for one year terms. The committee's purpose is to review resolutions submitted for compliance with the resolutions guidelines. It is the committee's responsibility that resolutions brought to the House floor are clear and contain adequate information for responsible consideration by the body.

### SCRUTINIZING COMMITTEE

The Scrutinizing Committee is composed of at least three (3) members of the House of Delegates. It is the duty of this committee to examine critically the minutes of the summer and fall House of Delegates meetings as well as the annual AARC Business Meeting. This committee certifies the accuracy of the submitted minutes.

### SPECIAL RECOGNITION COMMITTEE

It is the responsibility of the Special Recognition Committee to nominate to the House of Delegates an active member who is not an AARC Board of Directors member, AARC Officer, House of Delegates Officer, or AARC committee chair to receive the Outstanding Affiliate Contributor Award. This individual is someone who has been adjudged by their state president and delegate as having contributed to their state society a measure of labor that is of a high degree of quality and quantity. The committee reviews the nominations and each committee member has the responsibility for voting for the individual whom they determine is most deserving of the award. If there is not a plurality on the first vote, subsequent votes are generally handled by telephone due to time constraints of determining a nominee in time to submit a report for the agenda book for the summer House of Delegates meeting. The committee is responsible for presenting their nominee at the summer House meeting for confirmation by a vote of the full House of Delegates. The award is then presented during the AARC International Respiratory Congress. In addition, the committee will be asked to select the House of Delegates' nominees for Life and/or Honorary Membership, Hudson Award, etc.

## **AARC COMMITTEES**

The following committees are AARC Committees, that is, they all receive their direction from the AARC President, not the HOD Speaker. Because they have significant representation by members of the House, they are included in this handbook.

### AARC FINANCE COMMITTEE

The Budget Process:

The AARC Finance Committee is composed of the Executive Committee of the Board of Directors (see the Glossary of Terms for a listing of members), the Treasurer of the HOD, and the Speaker-elect of the HOD. The Finance Committee monitors and reviews the finances of the Association and makes recommendations for action to the Board of Directors. The AARC President chairs this committee.

The guiding philosophy in the preparation of the AARC budget is to balance a conservative projection of revenues against a realistic projection of expenses. This enables the Association to maximize the level of service to the

membership and the profession while maintaining sufficient capital reserves to assure a sound financial future. Using the rates and volumes, and with the input of the President-elect, AARC Treasurer, Speaker, Speaker-elect, HOD Treasurer and others, preliminary revenue and expense budgets are developed. In order to maintain integrity, the revenues and expenses are developed independently, sharing only the approved rates and volumes. Because they are developed independently, and because the preliminary expenses include a wish list, such as new or expanded projects that we believe would enhance our service to the membership and profession, the revenue and expenses are not balanced at that point. The next step is a close review of all accounts. Priorities are established. Some rates and volumes are revised based on the most recent trends. Justifications for all expense items are reviewed. If the budget is still out of balance after this review, and it usually is, both selective and across-the-board cuts may be necessary to bring the budget into balance. The budget overview is distributed at the fall meeting for review and approval by the Board of Directors and the House of Delegates.

Relationship of the AARC and Daedalus:

Daedalus is a fully owned subsidiary of the AARC. Its purpose was to isolate publishing activities for tax purposes to separate the entity which incurs taxable income. Daedalus and the AARC operating budgets are separate but the consolidated budget is a balanced budget. The House of Delegates approves the annual budgets.

Capital Equipment:

Typically the AARC does not require a capital budget; however, each year 4% of the budgeted depreciation is set aside for capital expenditures as needed. Capital equipment is defined as furniture, equipment, building or vehicles with a life of more than one year and which cost more than \$500.

#### AARC BYLAWS COMMITTEE

The Bylaws Committee is the reviewing body for proposed changes in the AARC Bylaws. The Bylaws Committee, the House of Delegates, Board of Directors or a chartered affiliate can propose changes. If a proposed change is submitted and not withdrawn, it must be distributed to the HOD and the BOD at least sixty (60) calendar days prior to the meeting at which it will be discussed.

The Bylaws Committee is composed of the immediate Past President and four (4) active members elected by the HOD. Two House members are elected each year to serve a 2-year term. The House member receiving the plurality of votes during this election serves as chair of this committee.

#### AARC ELECTIONS COMMITTEE

The AARC Elections Committee is empowered by the Association Bylaws "to prepare a slate of eligible nominees for the following year's election." The importance of this task cannot be overly stressed, as it will have an impact on our Association and profession for years to come. During its deliberations the committee must adhere to approved policies, procedures, and processes and the provisions of the Association Bylaws. The committee will assure that all information is appropriately documented and that strict confidentiality is maintained. The committee consists of five members, three elected by the House of Delegates and two elected by the Board of Directors. Each member serves a three-year term. The election of members is staggered so that no more than 50% of the committee changes each year. The first year the House member serves as a member of the committee, the second year as chair-elect of the committee, and the third year as chair of the committee.

## **AARC VISION / MISSION STATEMENT**

The American Association for Respiratory Care (AARC) will continue to be the leading national and international professional association for respiratory care. The AARC will encourage and promote professional excellence, advance the science and practice of respiratory care, and serve as an advocate for patients, their families, the public, the profession and the respiratory therapist.

## **STRATEGIC OBJECTIVES AND STRATEGIES FOR IMPLEMENTATION**

**Objective 1.** Refine and expand the scope of practice for respiratory therapists in all care settings.

**Description:** Promote advanced practice and practice expansion for respiratory therapists. Assure that the science that demonstrates the value and role of the respiratory therapist is provided to those stakeholders whose decisions and actions need to be guided by that information.

**Strategies:**

1. Collect and disseminate information that documents the costs in dollars, length of stay, and lives of respiratory care being provided by persons other than respiratory therapists.
2. Assist respiratory therapists to eliminate the provision of inappropriate respiratory care.
3. Focus the attention of respiratory therapists on providing respiratory care at the lowest cost.
4. Increase the access of underserved populations to the services of respiratory therapists.
5. Promote positive models of excellence in respiratory care.
6. Develop model position descriptions for respiratory therapists in various roles which emphasize quality, access, and cost control.
7. Encourage protocol-based care and the use of respiratory care plans.
8. Develop model, evidence-based protocols and respiratory care plans for clinical practice.
9. Promote the development of specialty tracks and/or specialty programs for respiratory therapists (e.g. polysomnography).

**Objective 2.** Advance the knowledge base and educational preparation of respiratory therapists to ensure competent patient care and to foster patient safety initiatives.

**Description:** The AARC will promote the continuing development of the respiratory care workforce by promoting formal educational programs and continuing education in order to ensure competent, safe and effective patient care, and provide for the transfer of new knowledge to clinical practice.

**Strategies:**

1. Support existing educational programs in colleges and universities.
2. Promote the continuing development of baccalaureate and graduate degree education in respiratory care.
3. Encourage respiratory therapists to pursue advanced and continuing education.
4. Encourage all respiratory therapists to seek and obtain the registered respiratory therapist (RRT) credential.
5. Support the development of new specialty credentials, as appropriate, and encourage current practitioners to seek and obtain credentials for advanced and specialty practice.
6. Assist educational programs in recruitment of quality students by developing materials which will present the profession positively and promote the profession.

**Objective 3.** Support research and scientific inquiry to strengthen the scientific foundation and promote best practice for patient care.

**Description:** Demonstrate the value of the respiratory therapist in providing respiratory care by supporting, conducting, and publishing research information. Research should compare the value of the respiratory therapist to others who may provide respiratory care services. Information generated should consider the needs of employers, legislators, regulators, other health professionals, and patients. Research efforts will, when appropriate and possible, be conducted in collaboration with other health care stakeholders.

**Strategies:**

1. Financially support research which seeks to advance the science and practice of respiratory care provided across all care sites.
2. Publish scientific information which advances the science and practice of respiratory care.
3. Work collaboratively with other health professions to conduct research to demonstrate the value of allied health professionals.
4. Demonstrate the effectiveness of the respiratory therapist in health promotion and disease prevention.

**Objective 4.** Establish professional standards and outcomes that are supported by scientific evidence.

**Description:** The AARC will continue to develop and disseminate position statements, white papers, consensus conference reports, evidence-based clinical practice guidelines and other professional standards that promote safe and effective care and provide guidance on all aspects of respiratory care.

**Strategies:**

1. Continue to develop and revise evidence-based Clinical Practice Guidelines to reflect the science of respiratory care and the role of the respiratory therapist.
2. Conduct scientific conferences to advance the science and practice of respiratory care.
3. Develop and publish white papers and position statements related to respiratory care practice, education and management.

**Objective 5.** Advocate for federal and state health care policies that enhance patient care, patients' access to care and professional practice.

**Description:** Advocate at the federal and state level for health care policy that promotes access to appropriate, safe and effective respiratory care for patients and the public. Develop and implement promotion/marketing of the respiratory therapist targeted to legislators, policy makers and payers. Messages will emphasize the value of the respiratory therapist in controlling the utilization of services, creating cost savings, improving outcomes and patient safety and increasing access to respiratory care as provided by a respiratory therapist.

**Strategies:**

1. Legislators: Provide information to assist them to advocate for their constituents with a focus on safety and cost advantages of respiratory care provided by respiratory therapists.
2. Regulators: Emphasize support of legislatures, focus on cost savings, quality of care and improved patient safety from utilizing respiratory therapists.
3. Payers: Emphasize cost effectiveness due to improved outcomes and lower cost than other providers.
4. Decision Makers: Emphasize provision of high quality care by respiratory therapists while controlling costs of that care. Focus on the value of respiratory care and the respiratory therapist as the best practitioner to provide that care, control inappropriate utilization of respiratory care and ensure patient safety.

**Objective 6.** Partner with governmental agencies, community organizations, third party payers, professional societies and the public to promote healthy behaviors and prevent cardiopulmonary disease.

**Description:** Promote partnerships with interested stakeholders to improve lung health, prevent cardiopulmonary disease, and identify and maximize the care of patients with chronic disease.

**Strategies:**

1. Participate in consumer, professional and governmental coalitions to promote lung health.
2. Support efforts to encourage smoking cessation and tobacco control.
3. Partner in public education efforts to advise the public on lung health and cardiorespiratory disease.
4. Participate in efforts to educate patients, their families and the public on the importance of disease management for chronic respiratory disease (e.g. Asthma and COPD).

**Objective 7.** Broaden consumer and health care providers' knowledge and understanding of the value of respiratory therapists in providing safe, competent and cost effective care.

**Description:** Develop and implement promotion/marketing of the respiratory therapist targeted to health care providers, patients and the public. Educate respiratory therapists on the importance of health promotion, effective smoking cessation and tobacco control programs, pulmonary health screenings, patient education and disease management.

**Strategies:**

1. Consumers: Provide information on higher mortality and increased costs when respiratory care is not provided and when it is provided by someone other than a respiratory therapist. Focus on quality, safety, and cost issues.
2. Other Health Professionals: Provide information and assistance to assure that respiratory care is provided by appropriate personnel when such care falls outside of the domain covered by the training and demonstrated competence of those individuals.

3. Current Respiratory Therapists: Provide information to assist them in developing and maintaining their skill as asthma educators, disease management specialists and experts in smoking cessation and chronic disease management.

**Objective 8.** Assure the Association has the resources to meet the needs of its members.

**Description.** Assure that the AARC has the financial, volunteer, and staff resources needed to accomplish the implementation of the strategic plan of the Association. It is necessary to have sufficient income to support the ongoing and new initiatives of the Association if we are to accomplish the goals of the AARC. In addition to financial resources, it is essential that there be active participation of sufficient numbers of effective leaders and an effective and efficient Executive Office to support the efforts to be a leader in health care.

**Strategies:**

1. Increase the membership of the Association
2. Increase the diversity of the members of the Association by providing information to encourage persons who are members of underrepresented groups to enter the respiratory care profession and actively participate in the AARC.
3. Develop and increase the revenue sources needed to support the activities of the Association
4. Participate collaboratively with strategic partners for mutual benefit
5. Provide mechanisms to assure a continuous supply of interested, qualified leaders
6. Increase the involvement of members in the activities of the Association
7. Reduce costs of delivering services to members by using the technology which is available
8. Improve the responsiveness of the leadership to the rapidly changing environment today and in the future
9. Provide information to non-member respiratory therapists which will reveal why being an AARC member will benefit them in terms of developing and maintaining their skills and convinces them that not supporting the AARC will be a detriment to their career.
10. Provide information to instructors and managers to encourage active participation of students in the AARC and its chartered affiliates and assure they are fully informed of the science of respiratory care.
11. Align incentives with state affiliates.

**2009 CALENDAR OF EVENTS**  
(Dates may vary slightly)

Jan. 5	Request articles for the AARC Record.
Feb. 2	Articles for The Record due.
Mar. 6	Request delegate funding applications.
Mar. 6	Request Credentials of Delegate forms for summer HOD meeting.
Feb. 23	The Record #1 put on line.
Mar. 6	Request resolutions to be considered at the summer, HOD meeting.
Mar. 19	Request nominees for Life and Honorary Memberships.
Mar. 19	Request nominees for Outstanding Affiliate Contributor Award.
Mar. 26-28	AARC Board of Directors spring meeting - Irving, TX.
Mar. 29-30	Leadership Workshop - Irving, TX.
Mar. 31	Deadline for submission of material for the Summit Award.
April 21	Delegate assistance applications due.
April 30	Nominees due for Life and Honorary Memberships.
May 6	Credentials of Delegate forms due.
May 1	Request articles for The Record.
May 18	HOD resolutions for summer meeting due.
May 20	Nominees due for Outstanding Affiliate Contributor Award.
May 25	Request reports for the Agenda Books for the summer HOD meeting.

June 2	Articles due for the Record.
June 8	HOD resolutions for summer meeting put on the list serve.
June 22	Reports due for the Agenda Books for the summer HOD meeting.
June 23	The Record #2 put on line.
July 6	Mail HOD Agenda Books.
July 17-19	Summer Forum, Marco Island, FL.
July 20-21	HOD meeting, Marco Island, FL.
July 20-21	BOD meeting, Marco Island, FL.
July 24	Request delegate funding applications.
July 24	Request HOD resolutions for fall meeting.
July 24	Request Credentials of Delegate forms.
July 28	Request information form from HOD officer nominees
July 29	Recipient of Summit Award notified.
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Sept. 1	Request articles for The Record.
Sept. 4	Delegate assistance applications due.
Sept. 11	HOD resolutions for fall meeting due.
Sept 24	Information forms due from HOD officer nominees.
Oct. 1	Articles for the Record due.
Oct. 1	Credentials of Delegate forms due.
Oct. 8	Request reports for the Agenda Books for the fall HOD meeting.
Oct. 25-31	Respiratory Care Week.
Oct. 9	HOD resolutions for fall meeting put on the list serve.
Oct. 22	The Record #3 put on line.
Nov. 5	HOD reports due for the Agenda Books for the fall meeting.
Nov. 19	Agenda Books mail for the fall HOD meeting.
Dec. 3-4	HOD meeting, San Antonio, TX.
Dec. 3-4	BOD meeting, San Antonio, TX.
Dec. 5-8	International Congress, San Antonio, TX.

## GLOSSARY OF TERMS AND ABBREVIATIONS

### INTRODUCTION

This glossary is intended as a reference to members of the House of Delegates (HOD). A number of terms are included for completeness and their inclusion does not imply that a new member of the HOD would not be familiar with them. This glossary is also intended as a reference for affiliate leaders and members and non-members of the Association and profession. HOD members are encouraged to copy this glossary and share it with the members of their affiliate boards.

### AARC TERMS

**Board of Directors (BOD)**: The executive governance of this Association shall be vested in a board of at least eighteen (18) active members consisting of six officer, at least six Directors-at-Large, and a Section Director from each Specialty Section of at least 1000 active members of the Association. Members of the Board shall not concurrently be members of national respiratory care credentialing or national respiratory care accreditation bodies.

**Board of Medical Advisors (BOMA)**: a group of no less than 12 physicians who have a role in respiratory care. Members of BOMA are appointed by the 3 sponsoring physician organizations of the AARC and other physician professional organizations. They serve a four-year term and elect their own officers. The chair of BOMA attends all meetings of the AARC Board of Directors (BOD) with the privilege of voice but not vote. The BOD may consult with BOMA on any matter, but BOMA must approve all matters regarding medical policy. See Article VIII

of the AARC Bylaws for more information.

**AARC Sponsoring Organizations:** 3 physician professional organizations are sponsors of the AARC. Each organization appoints 4 members to BOMA. The sponsors are the American College of Chest Physicians (ACCP), the American Thoracic Society (ATS), and the American Society of Anesthesiologists (ASA).

**AARC Executive Committee:** the officers of the Association, the Chair of BOMA, and the Immediate Past Speaker of the House of Delegates. The Executive Committee has the power to act for the BOD between meetings subject to ratification by the Board at its next meeting. See Article XII, Section 2 of the AARC Bylaws.

**AARC Officers:** the President, President-elect, Immediate Past President, Vice President for Internal Affairs, Vice President for External Affairs, and Secretary-Treasurer. See Article IV of the AARC Bylaws for duties.

**Annual Business Meeting:** held during the Annual Convention. The purpose of this meeting is to conduct formal business of the Association, including installation of officers and directors, the Treasurer's report, and other committee reports. See Article VI of the AARC Bylaws. Delegates are responsible for attending the Annual Business Meeting to represent the Active Members of the AARC employed within their state society. See Article VII, Section 3c2 of the AARC Bylaws.

**Executive Director:** a business counsel employed by the BOD to manage the Executive Office and conduct the business of the AARC. The activities of the Executive Director are governed by the BOD. See Article V, Section 3b & c of the AARC Bylaws.

**Presidents Council:** a committee consisting of all Past Presidents of the AARC. It is responsible for awarding life and honorary memberships.

**Specialty Sections:** membership sections representing particular areas of interest within respiratory care. Currently there are specialty sections for Adult Acute Respiratory Care, Continuing Care-Rehabilitation, Diagnostics, Education, Home Care, Management, Neonatal-Pediatrics, Long Term Care, Sleep, and Surface & Air Transport. Each specialty section has a chair and chair-elect elected by the Active members of each Specialty Section. See Article III, Section 7 of the AARC Bylaws.

**Tripartite:** actually means a three-part consortium; in this case, it is the consortium that is composed of representatives of the AARC, NBRC, and CoARC. It usually consists of the Presidents of the AARC and NBRC and the Chair of CoARC and the Executive Directors of each organization. The primary goal of this consortium is to maintain good lines of communication between the three organizations.

#### **CHARTERED AFFILIATE TERMS**

**Charter:** The document that confers affiliation with the AARC on a state or international respiratory care society.

**Chartered Affiliates:** The bylaws designation for a state or international respiratory care society that is affiliated with the AARC. See Article X of the AARC Bylaws.

**Chartered Affiliates Committee (CAC):** The HOD standing committee that deals with the activities of the chartered affiliates and their relations with the Association.

#### **State Societies:**

ASRC: Alabama, Alaska, Arizona, and Arkansas Societies for Respiratory Care  
CSRC: California, and Colorado Societies for Respiratory Care  
CTSRC: Connecticut Society for Respiratory Care  
DSRC: Delaware Society for Respiratory Care  
FSRC: Florida Society for Respiratory Care  
GSRC: Georgia Society for Respiratory Care  
HSRC: Hawaii Society for Respiratory Care  
ISRC: Idaho, Illinois, Indiana, and Iowa Societies for Respiratory Care

KRCS:	Kansas Respiratory Care Society
KSRC:	Kentucky Society for Respiratory Care
LSRC:	Louisiana Society for Respiratory Care
MD/DCSRC:	Maryland/District of Columbia Society for Respiratory Care
MSRC:	Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, and Montana Societies for Respiratory Care
NSRC:	Nebraska and Nevada Societies for Respiratory Care
NJSRC:	New Jersey Society for Respiratory Care
NMSRC:	New Mexico Society for Respiratory Care
NYSSRC:	New York State Society for Respiratory Care
NCSRC:	North Carolina Society for Respiratory Care
NDSRC:	North Dakota Society for Respiratory Care
OSRC:	Ohio, Oklahoma, and Oregon Societies for Respiratory Care
PRSRC:	Puerto Rico Society for Respiratory Care
PSRC:	Pennsylvania Society for Respiratory Care
RCSW:	Respiratory Care Society of Washington
RISRC:	Rhode Island Society for Respiratory Care
SCSRC:	South Carolina Society for Respiratory Care
SDSRC:	South Dakota Society for Respiratory Care
TSRC:	Tennessee and Texas Societies for Respiratory Care
USRC:	Utah Society for Respiratory Care
VT/NHSRC:	Vermont/New Hampshire Society for Respiratory Care
VSRC:	Virginia Society for Respiratory Care
WSRC:	Wisconsin and Wyoming Societies for Respiratory Care
WVSRC:	West Virginia Society for Respiratory Care

### **HOUSE OF DELEGATES TERMS**

**First Reading (of Resolutions):** This is the first presentation of resolutions to the HOD at each meeting, by the House Secretary or the Resolutions Committee chair. No action is taken at this juncture...only a reading. This reading makes these resolutions official and they will be acted upon by the House later during the meeting.

**House Rules:** The official rules under which the HOD operates.

**Second Reading (of Resolutions):** Actually, the last reading of resolutions, prior to action being taken. In the Agenda Book, one will probably see 'consideration of resolutions' and this is the second reading. The maker(s) or author(s) of a resolution brings the resolution in question to the floor of the HOD by making a motion to address the specific resolution, which must be seconded in order for debate to occur and action to be taken.

**White Paper:** A study commissioned by an organization to determine the present status of some specific issue related to the organization. Completion of the study (a descriptive research) is accomplished with a drafted document as to the findings.

**Executive Session:** Any meeting or part of a meeting where the proceedings are to be kept secret. According to the House Rules, "on motion duly made and carried, the House may go into Executive Session at which only members of the House shall be present with the exception of those persons the House Speaker deems necessary for the conduct of business. All matters discussed shall be held by all as strictly confidential and nothing of the proceedings shall be made known to others."

**Open Microphone Format:** a dialogue on issues pertinent to respiratory care during regularly scheduled HOD meetings. This discourse format is used when issues require informal discussion prior to introduction of resolutions or floor motions.

### **RELATED ORGANIZATIONS**

<u>AAAAI:</u>	American Academy of Allergy, Asthma and Immunologists
<u>AACVPR:</u>	American Association of Cardiovascular and Pulmonary Rehabilitation
<u>AAP:</u>	American Academy of Pediatrics

<u>AARCPAC:</u>	American Association for Respiratory Care Political Action Committee
<u>ACCP:</u>	American College of Chest Physicians
<u>AHA:</u>	American Heart Association American Hospital Association
<u>ALA:</u>	American Lung Association
<u>ARCF:</u>	American Respiratory Care Foundation
<u>ASA:</u>	American Society of Anesthesiologists
<u>ASAHP:</u>	Association of Schools of Allied Health Professions
<u>ASTM:</u>	American Society for Testing and Materials
<u>ATS:</u>	American Thoracic Society
<u>CCI:</u>	Cardiovascular Credentialing Incorporated
<u>COPS:</u>	College of Physicians and Surgeons
<u>CAAMTS:</u>	Commission on the Accreditation of Air Medical Transport Services
<u>CAAHEP:</u>	Committee on Accreditation of Allied Health Education Programs
<u>CoARC :</u>	Committee on Accreditation for Respiratory Care
<u>TJC:</u>	The Joint Commission
<u>NAEPP:</u>	National Asthma Education & Prevention Program
<u>NAMDRC:</u>	National Association of Medical Directors of Respiratory Care
<u>NBRC:</u>	National Board for Respiratory Care
<u>NCCLS:</u>	National Committee for Clinical Laboratory Standards
<u>PTAC:</u>	Professional Technical Advisory Committee
<u>SCCM:</u>	Society of Critical Care Medicine

#### **GOVERNMENTAL TERMS AND ABBREVIATIONS**

<u>AHCPR:</u>	Agency for Health Care Policy and Research - A new agency within Health and Human Services (HHS), is responsible for developing clinical practice guidelines for many medical diagnoses paid for by the federal government.
<u>CBO:</u>	Congressional Budget Office - The number crunching arm of the United States Congress.
<u>CDC:</u>	Centers for Disease Control - This is another agency of HHS whose main function is to keep track of communicable diseases like AIDS and TB. This agency's name was changed recently to Centers for Disease and Prevention, but it will continue to be known by its original name for a while to avoid confusion.
<u>CLEAR:</u>	Council on Licensure Enforcement and Regulation - A Lexington, Kentucky based organization that represents the interests of state licensing bodies.
<u>CLIA'88:</u>	Clinical Laboratory Improvement Amendments of 1988 - The law which overhauled the clinical laboratory regulations (regs). Blood gas labs are subject to CLIA regs.
<u>CMS:</u>	Centers for Medicare/Medicaid Services - An agency that oversees the Medicare and Medicaid Programs.
<u>COPA:</u>	Council on Post-secondary Education and Accreditation - Agency of the U.S. Department of Education which regulates the accreditation of educational programs. COPA currently recognizes CAHEA accreditation.
<u>CSG:</u>	Council of State Governments - A Lexington, Kentucky based organization with a Washington, DC office that represents state governments.
<u>HHS:</u>	Health and Human Services - The health department of the federal government. The secretary is also a member of the President's cabinet.
<u>LA:</u>	Legislative Assistant - Staff employed by a member of Congress to specialize in a particular area, i.e., Health LA.
<u>NCSL:</u>	National Conference of State Legislatures - A Lexington, Kentucky based organization with a Washington, DC office that represents state legislatures.
<u>NGA:</u>	National Governors Association - A Washington, DC based organization that represents governors.
<u>NIOSH:</u>	National Institute for Occupational Safety and Health - The scientific research branch of OSHA.
<u>PHS:</u>	Public Health Service - Another agency within HHS, has jurisdiction over most non-Medicare/Medicaid public health issues.
<u>SNF:</u>	Skilled Nursing Facility - Term used by Medicare and Medicaid to refer to an approved nursing home.

## **RESOLUTIONS COMMITTEE (APPENDIX)**

The resolutions process adopted by the AARC House of Delegates is designed to place before the leadership of the AARC issues and concerns of the membership. As a component of the AARC leadership, the delegates act as representatives of their respective state societies to convey concerns and make decisions regarding the issues placed before the body. The following guidelines describe the resolutions process, committee composition and purpose.

### **GUIDELINES FOR THE AARC'S HOUSE OF DELEGATES RESOLUTIONS PROCESS**

The following guidelines have been developed to assist members of the House of Delegates (HOD) in the preparation of a resolution for presentation to the House of Delegates. It is an expectation that the Delegates be familiar with these guidelines. Resolutions accepted for consideration by the HOD must meet standards described in the following guidelines.

#### **I. Purpose of Resolutions**

Resolutions approved by the House of Delegates reflect majority opinions of that body and offer direction on issues the HOD considers important to the American Association for Respiratory Care (AARC). The resolution process enables House participation in the governance of the AARC.

#### **II. Appropriate Issues as Resolutions**

- A. Issues appropriate for consideration as resolutions can pertain directly to the AARC and its societies or they may deal with issues external to the Association. Issues covered by resolutions should be compatible with the AARC's Strategic Plan. Exceptions may be made if the intent of the resolution is to change or redirect that Plan.
- B. Resolutions that have been considered without approval in an earlier session are not appropriate for reconsideration as resolutions unless events have occurred that are likely to change the disposition of that resolution. Issues that can be dealt with at various levels of the AARC (i.e., BOD, HOD Officers, AARC Executive Office) may not be appropriate for the HOD's resolution process. If action on an issue can be achieved through a direct approach to the person or committee involved, that method should be tried first.

#### **III. The Process of Considering a Resolution**

##### **A. The Resolution Form**

- Resolutions must be submitted to chair of the Resolutions Committee using electronic submission on the AARC HOD web site.
- 1. Resolution Number - Each resolution is assigned a number associated with an indexing system by the committee chair. The number designates the category, year and numerical order of the resolution during the session. Beginning in 1993, resolutions will be put into the AARC's computer files and can be retrieved according to category and year.
  - 2. Resolution Statement - This statement describes the issue to be considered. It should clearly describe the action(s) sought. The resolution should include who is responsible for carrying out the resolution and under what time lines.
  - 3. Rational/Justification for Resolution - This section summarizes major reasons for the resolution as well as historical data that supports the resolution. It details the resolution's purpose. The section can be used by the author to detail a plan for carrying out the resolution although approval of the resolution does not require that plans described in this section be carried out. This section is not limited in length.
  - 4. Impact of Resolution - This section identifies any group, office or organization that will be impacted by the resolution. Contact with individuals that would be affected by the resolution may be critical in some cases prior to presentation of the resolution. The

committee chair will contact the author of a resolution if discussion with those affected by the resolution is needed. The resolution's author is then expected to make this contact prior to the resolution's consideration in the House.

5. Financial Impact - Estimated costs of carrying out the resolution are indicated in this section. The author or authoring society is expected to provide estimated implementation and ongoing costs of carrying out the actions called for in a resolution. Information may be acquired from the public sector, the AARC or HOD Treasurer. It is important that assistance from the Treasurer be requested in a timely manner for those resolutions having a potential financial impact. A resolution may not be considered on the House floor without a financial impact statement.
6. Relationship of Resolution and the AARC's Strategic Plan - In this section the author is required to associate the resolution with a specific area of the AARC's Strategic Plan or to deny any association with the Plan. Most resolutions will be able to be assigned to a part of the AARC's Strategic Plan. A resolution that redirects the AARC's Strategic Plan should be considered and prepared carefully by the author(s). In general, information about complicated or controversial resolutions should be published in the AARC Record prior to the HOD session during which the resolution would be considered.
7. Resolutions Committee's Recommendation - This section cites acceptance of the resolution for consideration at a HOD meeting and includes the date of the session at which the resolution will be considered. In the case that critical information is missing from the resolution, this section will note deficiencies that must be corrected prior to consideration of the resolution in a House meeting.
8. Action Regarding Resolution - the official status of the resolution is recorded in the House minutes.

**B. Who May Submit Resolutions**

Resolutions may be submitted by a delegate or a society. Typically, resolutions are recommended by the society and authored by its delegate. Delegates and/or societies may join in any number to sponsor a resolution. A primary author should be identified for communication purposes on every resolution. In the case that no primary author is identified, the first listed name will be considered the primary author.

**C. Timelines and Schedule for Processing Resolutions**

Deadlines for accepting resolutions will be announced several months prior to the date. The deadline for the next HOD meeting's resolutions will be communicated in the committee chair's written and verbal reports. It will also be published in the the AARC Record at least twice prior to the deadline. Resolutions accepted for consideration at a HOD meeting will be sent out to delegates six weeks (42 days) prior to the HOD meeting during which they will be considered. Deadlines for resolutions have been set at the minimum times needed for each step of the preparatory process. Financial impact information should be completed by the deadline for submitting resolutions. Late resolutions will be accepted only as emergency resolutions (see E., Emergency Resolution Process). A resolution's author will be notified if the resolution has not been accepted for any reason.

**D. Consideration of a Resolution on the House Floor**

A first reading of the resolutions to be considered during a HOD meeting will be done near the beginning of that session. Reports from the AARC's executive office staff, AARC officers and committee chairs follow this reading. Those giving reports may be asked by the delegations for information they may need for consideration of the resolutions. At a designated place on the agenda, the House Speaker invites the House to consider the resolutions. Consideration of the resolutions follows Robert's Rules of Order. The author of the resolution then summarizes the resolution, its purpose and supporting information. Delegations may address the issue either pro or con under regular House Rules.

**E. Emergency Resolution Process**

A late resolution may be classified as an emergency resolution by the Executive Committee of the House of Delegates or by a majority vote of the HOD if the subject of the resolution demands immediate attention. The resolution should be submitted to the HOD Speaker or to the committee chair. If the resolution has a financial impact, it may not be considered without that information.

**F. Completing the Resolutions Process**

Resolutions approved by the HOD, which seek action outside of the House of Delegates, are forwarded to the Board of Directors by the HOD Speaker. The BOD will not consider a resolution until the HOD has approved it. The Board of Directors may then act to carry out the resolution, with or without changes, or to postpone, refer, accept for information only, table or deny the resolution. If the resolution is denied, the House may request a representative from the Board to come before the House for the purpose of explaining the decision taken by the Board. It is understood that this session be informational and courteous. To reconsider a resolution that has been denied by the Board, the HOD must reintroduce, then re-approve the resolution at a subsequent meeting. With HOD approval, the resolution will be returned to the BOD. The BOD's action on House resolutions will be reported in the AARC Record following the BOD meeting at which they were considered. The resolutions and the accompanying BOD decisions will be contained within or attached to House minutes.

**G. Resources**

Resources for developing resolutions include the House Officers, especially current and past HOD Secretaries, and other delegates. AARC officers and Board members, committee chairs and executive office staff are also sources of information. All are listed in the AARC's Officiary. Beginning in 1993, information regarding the disposition of HOD resolutions will be put into the AARC's computer files and will be available by category and year from the AARC's executive office.

**IV. Composition and Role of the Resolutions Committee**

- A. This committee is chaired by a previous committee member. The HOD Speaker appoints its members for one-year terms. HOD officers are ex-officio members of the committee and during a HOD meeting, function as the committee.
- B. The committee is charged to review resolutions submitted to the HOD for compliance with these guidelines. It is the committee's responsibility that resolutions brought to the HOD floor are clear and contain adequate information for responsible consideration by the HOD.

**KEY TO RESOLUTIONS REPORT**

A B C	}	Contain the six-digit resolutions number
STATE 1 STATE 2 STATE 3	}	The two-letter abbreviation of the state introducing the resolution. Up to three states only.
ORIGINAL		The wording of the resolution as originally presented to the HOD.
AMENDED		The final, amended version of the resolution. States Not Applicable if no amendments were made to the final resolution.
HODACTION		1=passed 2=defeated 3=referred 4=tabled 5=postponed
BOD-VERSION		The final wording acted on by the BOD. States Not applicable if not acted on by BOD. States Same if wording is the final version that came from the HOD.

BODACTION            1=passed  
                             2=defeated  
                             3=referred  
                             4=tabled  
                             5=postponed  
                             6=not applicable

STATUS                1=open  
                             2=closed  
                             3=not applicable

WORD 1                >  
WORD 2                >            Contain up to three key words relating to the resolution.  
WORD 3                >

### **E-Vote Process**

1. Anyone requesting that an issue be voted on through the e-vote process must have approval by the HOD Speaker or designee prior to issue going to the HOD list serve. The e-vote process will be used for bylaws votes only after the chair of the Bylaws committee has consulted with the HOD Executive Committee. E-votes will not normally be used during the months of June, July, and August when many people are on vacation.
2. The HOD Speaker or designee will address the HOD list serve with issue and indicate exactly what will be voted on after the discussion period. All votes must go directly to the secretary. When the topic is posted on the list serve for discussion, the Speaker will indicate the time sensitivity of the topic (that is, why it can't wait for the next meeting).
3. The delegates would first be asked to respond that they have received the e-mail and that there is an issue to be discussed on the list serve. No discussion would take place until a majority of the delegations have responded that they have received the e-mail.
4. Correspondence from House members will include their first and last name and affiliation.
5. If the issue is a committee recommendation, the issue will go into discussion. If the issue is other than a committee recommendation, the HOD Speaker or designee will ask that the originator bring forth the item as a motion with a request for a second. Once a second has been received, discussion will begin. If a second is not received, motion will die.
6. The exact dates of the discussion period will be indicated in correspondence to the HOD through the list serve by the HOD Speaker or designee. The Speaker reserves the right to end any e-mail discussion when it becomes apparent that the level of controversy would be better handled in a meeting with the entire body present. The discussion period will occur over three working weeks (15 days) so as to be able to involve everyone. There is no "Calling the question" on the list serve.
7. No delegation shall speak more than twice on the same motion or issue.
8. After the discussion period, the HOD Speaker or designee will announce that voting will commence on recommendation/motion. The HOD Speaker or designee will determine a time frame of a minimum of 5 working days and a maximum of 10 working days for the voting period. The HOD Speaker or designee will indicate the exact dates in correspondence to the HOD through the list serve.
9. The voting will go directly to the HOD Secretary with one vote per delegation. If multiple votes are received from the same delegation and in opposition to one another, the Secretary will contact Delegates for clarification on vote. Votes on the list serve before or after the designated voting time will be disregarded. For votes requiring 2/3, it will be 2/3 of those casting a vote, not 2/3 of the body or 2/3 of those responding that they received the posting for

discussion. Votes posted to the list serve and not sent directly to the secretary will be disregarded.

10. The HOD Secretary and Parliamentarian will track:

- Recommendation/motion and its originator
- Time frame of discussion
- Time frame of vote
- Listing of affiliates' votes, utilizing the HOD Roll Call / Voting Roster

11. Two days prior to deadline of vote, the HOD Secretary will attempt to contact (via email or phone) those affiliates that have not submitted their votes. This information is to be shared with the HOD Speaker or designee.

12. Results will be verified and reported to the HOD list serve by the HOD Secretary and/or Parliamentarian. The voting results will be reported on the list serve just as though it were a roll call vote. That will expedite entering the vote into the minutes. Delegations who have not voted will be recorded as abstaining. The voting results will be ratified for inclusion in the minutes of the next HOD meeting.

13. Changes to this process can be made and voted on by house majority.

**PUBLICATIONS COMMITTEE**  
**AARC RECORD EDITORIAL POLICY**  
**(ADDENDUM)**

**Purpose**

The AARC Record is electronically published by the AARC House of Delegates (HOD) as a means of communication for the leadership of the AARC and its societies. The objectives are to:

- Electronically publish information, reports, and updates;
- respectfully present opinions on current issues affecting the AARC and the profession of respiratory care;
- stay within budget guidelines;
- continually improve quality of content, design and readability.

The Publications Committee will serve as the Editorial Board and will have final authority over editorial decisions.

**Editorial Policies**

1. The rules of the HOD specify that at least three issues shall be electronically published in each calendar year, the schedule to be determined annually. The rules of the HOD also state that the newsletter will be distributed electronically to the House officers, each delegation, state society presidents, society presidents-elect, AARC officers, directors, membership section chairs, and past HOD Speakers.
2. One copy of the article should be submitted to the chair and/or co-chairs of the HOD Publications Committee.
3. Articles can be submitted by members of the House of Delegates, House officers, members of the AARC Board of Directors, executive office staff, AARC committee chairs, society presidents, society presidents-elect, and past HOD speakers. Other individuals may submit articles by invitation of one of the above individuals.
4. If an article is not accepted for publication by the editors, the author may request a review by the full Publications Committee. The article will be reviewed by the whole committee functioning as the Editorial Board of the AARC Record and a final determination will be made regarding publication. Whenever a submission is refused for publication, an explanation of the refusal and an opportunity to revise and resubmit the article will be afforded the author.
5. Submissions must be typed, double spaced, with the date and the author's name included.

**Editorial Content Guide**

The following is a general guide regarding the content of each issue:

	<u>% of ISSUE</u>	<u># of PAGES</u>
1. Editors' Notes	5%	1
1. House Officers Reports	20%	4

3. Executive Office News and Notes	10%	2
4. HOD Committee Reports	15%	3
5. Feature Article	10%	2
6. Membership Data and Important Dates	10%	2
7. AARC Officer and Committee Reports	10%	2
8. Opinion and Miscellaneous Articles	<u>20%</u>	<u>4</u>
TOTAL	100%	20

### **Article Descriptions**

1. **Editors' Notes:** An editorial article written by one of the co-editors to position the theme of that particular issue, to discuss topics of interest, and/or to stimulate discussion of issues facing the profession or the Association.
2. **House Officers Reports:** Informational articles submitted by each House officer for each issue. These articles should communicate important House business from the leadership.
3. **Executive Office News and Notes:** Information submitted by the executive office (EO) to inform the HOD of news of importance to the societies, items for delegates to follow up on, and current EO projects. This section may also include a spotlight of one of the EO departments.
4. **HOD Committee Reports:** These articles inform the HOD regarding the activities of House committees and can include information that a committee may need from the delegates by mail or at the next HOD meeting.
5. **Feature Article:** A special topic of interest should be included in each issue. Feature articles inform the HOD about what is new and important in the association and the profession. Current examples are: RCP 2015, goals and objectives for the next year, the International Council, and the Human Resource Survey.
6. **Membership Data and Important Dates:** The most recent membership numbers as of the date of publication and important dates and deadlines from the month following the distribution date of the current issue through the month of the distribution date of the next issue.
7. **AARC Officer and Committee Reports:** Articles by these individuals to update the HOD on their activities if their activities warrant such a report.
8. **Opinion and Miscellaneous Articles:** The HOD respects differing opinions and encourages the expression of such opinions. The AARC Record will be a vehicle for such expression by striking a balance between the encouragement of differing opinions and the respectful expression of those opinions.

### **Guidelines**

- a) Opinion and miscellaneous articles are limited to one per issue by any one author. If the space available for any one issue does not allow publication of all the articles of this kind that are submitted, priority will be given to authors who were not published in the preceding issue.
- b) The following disclaimer will be placed at the beginning of each opinion article published: "The opinions or statements expressed in this article are those of the author. They do not necessarily reflect the views of the editors, the House of Delegates Publications Committee, the officers or advisors of the House of Delegates or the AARC, unless specifically so stated."
- c) The editors reserve the right to edit letters, articles and columns for content, length and grammar.

## **BASICS OF PARLIAMENTARY PROCEDURE**

The rules of parliamentary procedure can hardly be condensed into a few pages, but this will at least provide some general definitions and guidelines. It is based on Robert's Rules of Order, Revised, the most familiar manual of procedure in the country and the official guide for the American Association for Respiratory Care.

Parliamentary procedure helps large groups of strangers arrive at decisions intelligently and fairly and in accordance with their own previously decided rules. Small groups can usually gloss over many formalities with little loss except where grave decisions are to be made or where the law is involved. Large groups can hardly avoid procedure without the danger of either tyranny or anarchy. Some people use parliamentary rules to confuse and delay a meeting out of malice, special interest, or simple self-importance. Rules, however, are for the protection of the individual, the minority, and even the majority, against unfairness and intemperateness.

A motion or resolution is a proposal that the assembly take certain action or express itself as holding certain views. Any member, after being recognized by the Speaker, may make a motion at the proper time. No main motion can be made while another motion is pending. Most motions require a second by someone interested in the action suggested; the seconder simply says "I second." The Speaker restates the motion as soon as it has been seconded.

Most motions are open for debate and the maker of the motion is usually recognized first. The fact that a motion has been made and seconded does not put it before the assembly; the Speaker alone can do that. The Speaker must either rule it out of order or state the question so that the assembly may know what is before it for consideration.

The maker of a motion may withdraw the motion only before voting on the question has commenced. Withdrawing a motion requires no second and is not debatable. Until a motion has been stated by the Speaker, the mover may withdraw it without asking consent of anyone. After the question has been stated by the Speaker, it is in the possession of the assembly and can neither be withdrawn nor modified without consent of the assembly.

Debate is likely to revolve around three questions: (1) Is the action suggested a good one? (2) Is the action as defined in the motion exactly the one to be discussed and decided upon? and, (3) Should this issue be decided now?

The first question is easy to deal with. When debate seems to have stopped, the Speaker says: "Is there any further discussion?" If there is none, the Speaker restates the motion and takes the vote: "Those in favor say 'aye' ... Those opposed say 'no'." The Speaker listens for number and volume of voices, decides what the majority wants and tells the assembly "The motion is carried", or "The motion is defeated." If unsure who is in the majority, the Speaker can ask for a show of placards. Any member who doubts the Speaker's decision can also request a show of placards by asking immediately for a division: "Mr./Ms Speaker, I request a division of the House." It does not require a second and cannot be debated or amended.

The second question can also be dealt with easily. Any member who is not satisfied with the way a motion is stated can, before the motion is put to a vote, move to amend. A move to amend may involve inserting, adding, striking out, or substituting words, lines, or paragraphs. The motion to amend requires a second and can be debated. Debate should be limited to whether the change is a good one and makes the motion nearer to what the group wants to decide. When the assembly votes on the amendment, they are voting on that change only, not the basic action proposed by the main motion. If they vote "yes" then the question to be discussed and voted on is the motion with the change made in it; if they vote "no" then they still have to vote on the original motion.

With regard to the third question, any member who does not want the matter decided right away may move to refer, table, postpone, or recess. The object of a motion to refer to a committee is usually to enable the question to be more carefully investigated and put into better shape for the assembly to consider. If it carries, the main motion is off the floor until the committee assigned reports on the issue. A motion to table, when seconded and passed by a majority of the votes, removes the main motion from the floor, laying it aside temporarily so that additional work can be done; it can later be brought back before the assembly by a motion, a second, and a majority vote. Any motion that is tabled but not removed from the table before adjournment of the meeting dies on the table. Consideration of motions can be postponed definitely (until a specified time) or indefinitely (which effectively kills a motion). A short recess often has the miraculous effect of bringing contentious members into harmony and a ten-minute recess may save an hour of debate.

Any action or unexecuted part of an order may be rescinded by a majority vote, provided notice has been given in the call for the meeting, or may be rescinded without notice by a two-thirds vote.

Occasionally, non-productive discussion will delay the meeting. To stop debate and bring the pending motion to a vote, a member can "move the previous question"; this motion requires a second and a two-thirds vote since it interferes with the normal right of members to be heard. If it passes, the Speaker puts the main motion to an immediate vote.

Any member who feels that the Speaker has forgotten something, that an incorrect action has been taken, or that an attack is being made on a member's motives may raise a point of order (i.e., Ms/Mr. Speaker, I rise to a point of order: we've skipped the Treasurer's report.) Anyone not satisfied with the Speaker's ruling may appeal. Following a second, the Speaker usually explains the decision and the group then votes on the appeal, majority vote deciding.

**Privileged Motions:** Questions relating to the rights and privileges of the assembly or any of its members, i.e., a member may and state (without being recognized by the Speaker) "I rise to a question of privilege. The report being given cannot be heard from this part of the room." These types of motions take precedence over all other motions except those relating to adjournment or recess, to which they yield.

When the assembly wishes to do something that cannot be done without violating its own rules, and yet is not in conflict with its bylaws or with the fundamental principles of parliamentary law, it suspends the rules that interfere with the proposed action. The object of the suspension must be specified and nothing else can be done under the suspension.

### **Additional Procedural Information**

Each delegate shall have one vote unless a poll vote is being taken. For purposes of poll voting, each delegate shall have one vote for each active AARC member in the state society represented as certified by the House of Delegates Credentials Committee. Any member may request a poll vote on any issue pertaining to the general membership. Poll votes may not be called for on issues dealing with internal affairs of the House. During a poll vote, a roll call is taken in alphabetical order of the societies; a delegate may divide the total number of votes cast and is not required to record the vote on the first roll call.

It is courtesy to notify the Speaker ahead of time if you intend to bring up some major item of business. The Speaker may then put the item on the agenda. All motions and/or resolutions must be written out and copies given to the Secretary prior to their being presented to the assembly.

**Executive Session:** May be called when members of the House feel that the information about to be discussed should not be shared with others and the discussion is necessary for the conduct of the business of the House. The best example is when certain aspects of the Association's budget are being discussed where information may be of value to someone who is a "competitor", from a business sense, with the Association. Rules include attendance of persons other than members may be prohibited by the Speaker, those attending are obligated to maintain confidentiality and not repeat anything that was said to anyone who was not in attendance. Note: No official actions may be taken during executive session.

In order to maximize effectiveness in the House, Delegates are urged to develop familiarity with: (1) the AARC Bylaws, (2) the Delegate Handbook, (3) House Rules, and (4) Robert's Rules of Order, Revised.

### **Summary of the Basics of Parliamentary Procedure**

- I. Principles of Parliamentary Law - the majority rules
  - the minority has the right to be heard
  - one thing at a time
  - germaneness of amendments
  - courtesy; one debates measures, not members
  - last made, first voted
- II. Main (or principle) Motions - require a second
  - are debatable and amendable
  - usually take a majority vote
- III. Subsidiary Motions
  - are applied to other motions for the purpose of disposing of them
  - take precedence over main motions

- A. Lay on the table
    - removes motion from consideration until some unspecified future time
    - is neither amendable nor debatable
    - requires a second and a majority vote
    - motion expires if not taken from the table by the end of the session
  - B. Order the previous question
    - closes debate
    - requires a second and 2/3 vote
  - C. Limit or extend limits of debate
  - D. Postpone definitely
    - requires a second and is debatable
  - E. Commit or refer
    - sends a pending motion to a committee
    - requires a second and a majority vote
    - is debatable and amendable
  - F. Amend
    - changes the wording of a pending motion
    - requires a second and majority vote
    - must be germane to the pending motion
  - G. Postpone indefinitely
    - effectively kills the motion
    - requires a second and a majority vote
    - is debatable but not amendable
    - is sometimes used by opponents of a motion to test their strength
- IV. Incidental Motions
- A. Point of order
    - asserts that a rule is being violated and requests that the rule be enforced
    - doesn't require a second, isn't debatable to amendable
    - decided by the Speaker subject to appeal
  - B. Appeal
    - challenges the decision of the Speaker
    - requires a second and majority or tie vote sustains the Speaker
  - C. Object to consideration of a question
    - does not require a second
    - is not debatable or amendable
    - Speaker says "Shall the motion be considered?"
    - a 2/3 majority vote prohibits consideration
  - D. Divide the question
    - to consider parts of a motion separately
  - E. Withdraw or modify a motion
    - a motion made but not yet stated by the Speaker, whether seconded or not, can be withdrawn or modified by the mover
  - F. Suspend the rules
    - renders a specified rule temporarily ineffective
    - is not debatable or amendable
    - requires a second and a 2/3 vote
- V. Privileged Motions
- A. Adjourn
    - takes precedence when privileged
    - requires a second
    - is amendable but not debatable
    - ends the meeting with a majority vote
  - B. Recess
    - results in short intermission
    - requires a second

- is amendable but not debatable
- C. Raise a question of privilege
  - relates to the rights and benefits of the assembly

# **RULES**

**Adopted - 7/85**

## **American Association for Respiratory Care Policy Statement**

**Policy No.: HD001**

**SECTION:** House of Delegates

**SUBJECT:** Mission Statement

**EFFECTIVE DATE:** December 12, 1999

### ***Policy Statement:***

The House of Delegates shall serve as a representative body of the general membership and the representative body of the state societies of the Association. It shall participate in the establishment of the goals and objectives for the Association and participate in the governance of the Association (Article VII, Section 2 of AARC Bylaws).

### ***Policy Amplification:***

In addition, the mission of the House of Delegates, consistent with the mission or purpose of the AARC, is to guide and influence the activities of the AARC by providing communication and input from and between the individual societies - their society officers and members - to the Executive Office and Board of Directors and vice versa to determine and achieve the goals and objectives (strategic plan) of the organization.

Examples of methods undertaken by House members in pursuing the House Mission are as follows:

1. Advise the Board of Directors of the Association (BOD).
2. Act as a liaison between the Board of Directors and the membership of the society.
3. Act as a liaison between the society Board of Directors and the Board of Directors of the Association via the resolutions process, committee reports, communication with House officers, committee chairs, or on the House floor regarding any matter of interest to the membership.
4. Coordinate data collection (as requested) for the Association at the membership and society levels.
5. Evaluate for approval the annual budget of the Association.
6. Evaluate for approval the slate of nominees for officer and director positions of the Association.
7. Participate in electing members and chairs of the Elections (3 members including the chair) and Bylaws (4 members including the chair) Committees.
8. Participate in projects and activities aimed at realizing Strategic Objectives of the Association.

**American Association for Respiratory Care  
Policy Statement**

**Policy No.: HD002**

**SECTION:** House of Delegates

**SUBJECT:** Composition and Powers

**EFFECTIVE DATE:** December 12, 1999

***Policy Statement:***

The House of Delegates shall consist of at least one up to three delegates, elected from the membership of each Chartered Affiliate of the AARC, and the officers of the House.

The House of Delegates shall elect such officers, appoint liaisons, standing and special committees and adopt such rules as it deems necessary to accomplish its duties as specified in the AARC Bylaws.

***Policy Amplification:***

1. The members of each society delegation shall be elected only by members of a state society who are active or life members of the AARC.
2. The House of Delegates shall have the power to declare an office vacant, by a two-thirds (2/3) vote, upon refusal or neglect of any House officer to perform the duties of office, or for any conduct deemed prejudicial to the AARC or the House. Written notice shall be given to the holder of that office that the office has been declared vacant.
3. The House shall meet prior to the annual business meeting of the AARC and at one other time during the year.
  - a. Reports to the House of Delegates are requested not less than fifty-six (56) days before each House of Delegates meeting.
  - b. All reports are due to the AARC Executive Office not less than twenty-eight (28) days before each House of Delegates meeting.
  - c. Agenda Books are to be mailed to the delegations not less than fourteen (14) days before each House of Delegates meeting.
  - d. AARC Activity Report Format should be followed for inclusion in the HOD agenda books; reports should be to the Executive Office liaison by the deadline set by the HOD Speaker.

**American Association for Respiratory Care  
Policy Statement**

**Policy No.: HD003**

**SECTION:** House of Delegates

**SUBJECT:** Delegations

**EFFECTIVE DATE:** December 12, 1999

***Policy Statement:***

The members of the society delegation are responsible for obtaining the proper signatures on the credentialing forms and returning them to the Credentials Committee, via the Executive Office, within the deadlines established by the committee.

***Policy Amplification:***

1. Failure to return the credentialing forms by the date established by the committee will permit the state society representation during the House meeting, but without the right to vote or voice. Any delegate who has not attended a House of Delegates meeting during the previous two meetings must attend an orientation session.
2. Failure to attend the required orientation session will permit the delegate(s) to attend the House meeting, but without the right to vote or voice. The role of each delegation shall include the following:
  - a. Represent the AARC membership of the society to the leadership of the Association.
  - b. Represent their society board of directors to the leadership of the Association.
  - c. Conduct themselves in accordance with House Rules. (Bylaws: Article VII, Section 3.a)
  - d. Attend all meetings of the House of Delegates and report the activities to their state society. (Bylaws: Article VII, Section 3.c.1)
  - e. Attend and represent their society membership at the Annual Business Meeting of the Association. (Bylaws: Article VII, Section 3.c.2)
  - f. Serve on and/or chair HOD committees as appointed and directed by the House of Delegates Speaker.
  - g. Elect individuals to serve as officers of the House. (Bylaws: Article VII, Section 1.b)
  - h. Furnish the Elections Committee with the names of qualified members for nomination as Director-at-Large. (Bylaws: Article VII, Section 3.c.3)
  - i. At the direction of their respective state societies, present proposed amendments to the Bylaws Committee. (Bylaws: Article VII, Section 3.c.4)
  - j. Attend all society board of director meetings.
  - k. Report to their society, on a timely basis, the deliberations and activities of the House.
  - l. Comply with official requests for forms, surveys and reports within stated deadlines.
  - m. Perform such other duties of office as may be necessary or required. (Bylaws: Article VII, Section 3.c.5)
3. Voting  
Unless excused by the House, each delegation present in the House when any question is put must vote on the matter. Any delegation absent from the House when a vote is taken, but coming

in before the final announcement of the vote on any question, may vote immediately, if then permitted by the House Speaker.

- a. Poll Vote  
As provided in Article VII, Section 6.a of the AARC Bylaws, each delegation shall carry one (1) vote for each active member of the AARC employed within the state society. A poll vote may be taken on any matter directly concerning the AARC membership.
  - b. Ordinary Vote  
All other matters that come up during the deliberations of the House shall be determined by vote of the delegations. Each delegation shall have one vote.
  - c. Mail Vote  
Whenever, in the judgment of the House officers or the delegations, it is necessary to present any business to the delegations prior to the next meeting of the House, the House officers may conduct a vote of the delegations by mail. The House Secretary shall send the necessary information and a ballot to each delegation; receive the ballots cast, tally and report the results of the election to the House officers and the delegations. Each delegation is required to survey the society membership in such manner as is possible prior to voting. Such mail ballot shall require approval of a majority of the valid votes received within thirty (30) days after the date of submission to the delegations. The results of such election shall be the action of the House and binding on all delegations.
  - d. E -Vote  
Whenever it is necessary to present any business to the delegations prior to the next meeting of the House, the e-vote process may be followed as outlined in the Delegate Handbook.
4. a. Delegations may be composed of one to three members.
  - b. The President of the Chartered Affiliate may be one of the members of the delegation but this must be specified in the bylaws of the Chartered Affiliate.
  - c. To be in accordance with the AARC Bylaws, the bylaws of the Chartered Affiliate must also specify that the president, as a member of the delegation, is elected by the life and active AARC members of that Chartered Affiliate.
  - d. The Past Speaker, as chair of the Credentials Committee, will confirm that the bylaws of Chartered Affiliates sending their president as a member of the delegation conform to b and c above.

**American Association for Respiratory Care  
Policy Statement**

**Policy No.: HD004**

**SECTION:** House of Delegates

**SUBJECT:** House Officers

**EFFECTIVE DATE:** December 12, 1999

***Policy Statement:***

The officers of the House of Delegates shall be: Speaker, Speaker-elect, Immediate Past Speaker, Secretary, and Treasurer.

***Policy Amplification:***

**A. TERM OF OFFICE**

1. The term of office for all officers shall be for one (1) year and shall begin immediately following the annual meeting of the AARC.
2. The Speaker and Speaker-elect shall not serve more than one (1) consecutive term in the same office.
3. The Secretary and Treasurer shall not serve more than three (3) terms in the same office. The Immediate Past Speaker shall serve for one (1) year or until a successor can assume the office.

**B. ELECTION OF OFFICERS**

1. The position of Speaker is filled by the House Speaker-elect. The position of Speaker-elect, Secretary and Treasurer are filled by an elected incumbent House officer or by election of a person who, at the time of nomination, was a delegate.

**C. VACANCIES IN OFFICE**

1. In the event of a vacancy in the office of House speaker, the Speaker-elect shall become acting Speaker and serve the unexpired term, as well as the Speaker-elect's own successive term, as Speaker.
2. In the event of a vacancy in the office of Speaker-elect, Secretary or Treasurer, the House officers shall fill the vacancy by appointment, subject to the approval of the House.

**D. DUTIES OF HOUSE OFFICERS**

**1. SPEAKER**

The Speaker shall:

- a. preside at all meetings of the House;
- b. prepare an agenda for each meeting and submit it to each delegation at least twenty-three (23) days prior to such meeting;

- c. appoint a Parliamentarian and may appoint a Sergeant-at-Arms;
- d. appoint the chairs and members of House standing and special committees, subject to the approval of the House;
- e. remove the chairs and members of House standing, special and elected committees;
- f. invite persons other than delegates to participate in House activities;
- g. be an ex-officio member of all House committees except the Elections Committee;
- h. serve as Chair of the House Executive Committee;
- i. perform other duties that the House may authorize.

## 2. SPEAKER-ELECT

The Speaker-elect shall:

- a. become acting Speaker and assume the duties of the Speaker in the event of the Speaker's absence, disability, or resignation;
- b. assist the HOD Treasurer with the preparation of the House budget for the following year;
- c. serve as a member of the AARC Finance Committee and Chair of the Audit Subcommittee.
- d. perform other duties that the Speaker of the House may assign.
- e. Review Delegate Handbook and Rules for possible revisions and updates.

## 3. IMMEDIATE PAST SPEAKER

The Immediate Past Speaker shall:

- a. serve as Chair of the Credentialing Committee and oversee the credentialing of delegations;
- b. serve, in the absence of the Speaker, as the liaison between the House and the Board of Directors;
- c. perform such other duties that the Speaker or the House may assign.
- d. maintain the resolution action and tracking form and present updates to the HOD.

## 4. SECRETARY

The Secretary shall:

- a. have charge of keeping the minutes of each House meeting, including roll call and poll votes;
- b. circulate copies of the minutes to the House officers and each delegation;
- c. circulate House correspondence;
- d. forward an attendance record of each House session to all state society presidents;
- e. conduct and report the results of all House mail votes, e-votes and elections;
- f. perform such other duties that the Speaker or the House may assign.

## 5. TREASURER

The Treasurer shall:

- a. with the assistance of the Speaker-elect, prepare the House budget for the following year;
- b. participate in the AARC's budget process, serve as a member of the AARC

Finance Committee and Audit Subcommittee and report the actions of the committee to the House;

- c. report the financial status of the AARC to the House on a regular basis;
- d. prepare an analysis of the financial impact of each resolution considered by the House;
- e. perform such other duties that the Speaker or the House may assign.

#### 6. ALL OFFICERS

- a. shall sign and submit an AARC Conflict of Interest Statement to the AARC President;
- b. shall sign and submit an AARC Tobacco Free Pledge to the AARC President.

**American Association for Respiratory Care  
Policy Statement**

**Policy No.: HD005**

**SECTION:** House of Delegates

**SUBJECT:** Committees

**EFFECTIVE DATE:** December 12, 1999

***Policy Statement:***

The standing committees of the House shall be: Affiliate Best Practices, Chartered Affiliates, Credentials, Delegate Assistance, Elections, Executive, Legislative Affairs, Orientation, Progress & Transition, Publication, Resolutions, Scrutinizing, and Special Recognition. These committees shall report to the House Speaker.

Special committees may be appointed by the House Speaker, subject to the approval of the House. These committees shall report to the House Speaker.

***Policy Amplification:***

**1. Composition, Appointment & Duties of Committees**

- a. The Affiliate Best Practices Committee will be composed of a minimum of (5) HOD members. It shall be the duty of this committee to coordinate activities with the Chartered Affiliates Committee for affiliates that have been recognized for demonstrating best practices. The Affiliate Best Practices Committee will identify topics of interest to the House and will prepare an information-sharing presentation to the House.
- b. The Chartered Affiliates Committee shall consist of the chair and not fewer than three (3) other members of the House of Delegates. The committee shall concern itself with the activities of the state societies in their relations with the Association, the public, hospitals, health care institutions, regulatory agencies, and other organizations.
- c. The Credentials Committee shall be composed of the Immediate Past Speaker of the House and the Secretary of the House. The committee shall be responsible to review the credentials forms and seat members of the House who are appropriately elected, credentialed and oriented.
- d. The Delegate Assistance Committee shall be chaired by the House Treasurer or member with at least one (1) full year of experience on the committee at the discretion of the HOD Speaker. The HOD Treasurer shall serve either as the chair or a voting member of this committee. The committee shall be composed of at least three (3) additional House members appointed by the HOD Speaker. The committee shall be responsible for disbursement of delegate travel funds according to HOD approved policy.
- e. The Elections Committee shall be composed of the House Parliamentarian and at least three (3) additional members of the House. Nominees for House officer or House committee positions shall not be eligible to serve on this committee. It shall be the duty of this committee to prepare, distribute, receive, verify, and tally all ballots received and report the results of the election.
- f. The Executive Committee shall be composed of the Speaker, Speaker-elect, Immediate Past Speaker, Secretary and Treasurer of the House of Delegates. The House Speaker

shall serve as the chair of this committee. It shall be the duty of this committee to coordinate and implement the activities of the House of Delegates in order to accomplish its objectives and responsibilities.

- g. The Legislative Affairs Committee will be composed of a minimum of (5) HOD members. These members may also be members of their affiliate's PACT. The chair will have previously served as a member of this committee, the PACT or the AARC Federal or State Government Affairs Committees. It shall be the duty of this committee to increase the HOD awareness of the legislative and regulatory initiatives effecting the respiratory care profession. This committee will provide a communication link between the AARC Federal Government Affairs Committee, the AARC State Government Affairs Committee, the PACT and the House of Delegates. The committee will work with the House officers to coordinate the HOD response when the 435 Plan is activated.
- h. The Orientation Committee shall be composed of at least five (5) members of the House of Delegates. It shall be the duty of this committee to provide an orientation that familiarizes the new delegate with the functions, rules, and parliamentary procedure of the HOD.
- i. The Progress and Transition Committee shall be composed of at least six (6) members of the House of Delegates. The committee shall evaluate the outcome and effectiveness of each House of Delegates meeting and update the "Historical Overview" after each HOD meeting. The Committee's findings shall be reported to the Orientation Committee for use in the orientation process.
- j. The Publications Committee shall be composed of at least five (5) members of the House of Delegates with at least one (1) freshman delegate being appointed to the committee. It shall be the duty of this committee to solicit articles for a House newsletter; publish a minimum of three (3) newsletters each year, and distribute the newsletter to the House officers, each delegation, each state society president and president-elect, AARC officers, directors, membership section chairs, and Past HOD Speakers.
- k. The Resolutions Committee shall be composed of a minimum of five (5) HOD members. The chair shall previously have served as a member of this committee. The HOD Treasurer shall act as an ex-officio member for the purpose of consultation and analysis of the financial impact of resolutions submitted. It shall be the duty of this committee to review all resolutions presented for compliance with the resolutions guidelines and forward all accepted resolutions to the HOD officers and each state society delegation at least forty-two (42) days prior to each meeting of the HOD. It shall also be the duty of this committee to publicize all pertinent resolutions deadlines in the *AARC Record*, to assist any delegation or state society with the resolutions process as requested, and to facilitate the computerized tracking and filing of all resolutions brought before the HOD.
- l. The Scrutinizing Committee shall be composed of at least three (3) members of the House. It shall be the duty of this committee to scrutinize the minutes of the House meeting and the Annual Business Meeting and to certify their accuracy.
- m. The Special Recognition Committee shall be composed of at least seven (7) members of the AARC, at least four (4) of whom shall be members of the House. It shall be the duty of this committee to recommend individuals for the Outstanding Affiliate Contributor Award, and Life and Honorary Memberships.

## 2. Committee Chair Duties

The chair shall fulfill all objectives assigned by the Speaker or the Bylaws of the AARC, promptly involve all members in committee activities, submit written reports of committee activities to the House Secretary upon request and hand over all committee materials to the new chair at the conclusion of the term of appointment.

**American Association for Respiratory Care  
Policy Statement**

**Policy No.: HD006**

**SECTION:** House of Delegates

**SUBJECT:** Executive Office

**EFFECTIVE DATE:** December 12, 1999

***Policy Statement:***

There shall be an Executive Office liaison who shall be a staff member of the Executive Office and who shall provide such administrative services as are deemed necessary by the House in the furtherance of its responsibilities. Such support shall include, but not be limited to providing: fully visible state society identification signs, identification badges for delegates and House officers, a gavel for the Speaker, a sound and recording system for all House meetings, secretarial services during each House meeting and secretarial services for the House between meetings.

**American Association for Respiratory Care  
Policy Statement**

**Policy No.: HD007**

**SECTION:** House of Delegates

**SUBJECT:** Nominations and Elections

**EFFECTIVE DATE:** December 12, 1999

***Policy Statement:***

The House of Delegates shall elect its officers and members of the appropriate AARC committees as described below.

***Policy Amplification:***

1. House Officers
  - a. Nominations for House officers shall be made from the floor during the summer meeting only.
  - b. An impartial House Elections Committee shall be appointed by the House Speaker at the summer meeting. The committee shall prepare, distribute, receive, verify and tally all the ballots received and report the results of the election.
  - c. The election shall be by a majority of the valid votes cast during the fall House of Delegates meeting. If no candidate receives a majority, the election shall be decided by a runoff election. A tie vote between two candidates shall be decided by lot.
  
2. House Elected Committees
  - a. The House of Delegates shall elect members of the AARC Bylaws and Elections Committees as prescribed in the AARC Bylaws.
  - b. Nominations for the Bylaws, and Elections Committee may be made from the floor at both the summer and fall meetings of the House. Elections shall be held during the fall House meeting.
  - c. The House Elections Committee shall prepare, distribute, receive, verify, and tally all the ballots received and report the results of the election.
  - d. The election shall be by a plurality of the valid votes cast during the fall House of Delegates meeting. A tie vote between two candidates shall be determined by lot.
  
3. House Officers and House Committees

When a member of the House of Delegates is nominated for multiple elected committees or House offices, the candidate shall withdraw from all but one (1) committee and all but one (1) House office for which they have been nominated within thirty (30) days from the nomination date. This choice would ideally be the committee or House office that the candidate would serve in most effectively in an effort to foster the goals and objectives of the House of Delegates and the respiratory care profession. This does not preclude the member from committee appointments made by the House Speaker.

**American Association for Respiratory Care  
Policy Statement**

**Policy No.: HD008**

**SECTION:** House of Delegates  
**SUBJECT:** Parliamentarian and Sergeant-At-Arms  
**EFFECTIVE DATE:** December 12, 1999

***Policy Statement:***

The House Speaker shall appoint a Parliamentarian who shall serve during the Speaker's term. The House Speaker may also appoint a Sergeant-at-Arms and such assistants as necessary.

***Policy Amplification:***

1. The Parliamentarian shall attend all meetings of the House and House Executive Committee, advise on matters of parliamentary law, advise committees on matters of parliamentary law, serve as the House Historian, and serve as a member of the House Elections Committee. The Speaker may assign additional tasks for the Parliamentarian as deemed necessary.
2. The Sergeant-at-Arms, who shall not be a member of the House, shall maintain order and decorum, assist in the distribution and collection of ballots, handle inter-House correspondence for delegations, distribute materials to each delegation and perform such other tasks as deemed necessary.

**American Association for Respiratory Care  
Policy Statement**

**Policy No.: HD009**

**SECTION:** House of Delegates

**SUBJECT:** Rules of Order

**EFFECTIVE DATE:** December 12, 1999

***Policy Statement:***

The House of Delegates shall develop, within the framework of the Association bylaws and policy, Rules of Order to conduct House business.

***Policy Amplification:***

1. Each delegation shall be provided identification badges and ribbons which shall serve as proof of office and shall admit members of each delegation to all meetings of the House. In addition, members of each delegation are required to wear their "delegate" identification badge and ribbon while attending the AARC Annual Meeting.
2. All resolutions must be written by the proponent(s), using the appropriate House form, prior to its introduction into discussion (see policy and procedure Resolutions Committee).
  - a. The House, by a majority vote, can declare a resolution deemed emergency in nature an Emergency Resolution and have it brought immediately to the floor.
  - b. The House, by a majority vote, can suspend referral of any resolution to the Resolutions Committee and can immediately consider such resolution.
3. While the Speaker or his/her designee shall occupy the chair, no member shall address the House or make any motion until after recognition by the Speaker, except to make a parliamentary inquiry, a point of order, or a motion not requiring recognition.
  - a. No member shall address the Speaker while any other member has the floor, except to present a parliamentary inquiry, a point of order, or a question of privilege regarding the character of the House or of one or more of its members.
  - b. When any member is about to speak or to deliver any matter to the House, the member shall, with all due respect, address the Speaker, state his name and his state society, and confine himself strictly to the point of debate.
  - c. While the Speaker is putting any question to the floor, the members shall remain in their seats and shall not hold any private discussions.
4. No delegation shall speak more than twice on the same motion nor longer than five (5) minutes at any one time.
5. All officers and the chairs of committees shall submit written reports in time to be included in the agenda and report book provided to the delegations and officers.
6. The presentation of verbal reports shall be limited to five (5) minutes, unless a longer period of time has been approved by the Speaker.

7. The roll of the delegations shall be called by the House Secretary at the beginning of each session of the House meeting. Each delegation is to respond to the call of the Secretary, indicating their presence. If a delegation enters the meeting after the roll has been called, the delegation is to inform the Secretary, in writing, of their presence. A newly elected House officer, who is a delegate at the time of election, may answer the roll call for the delegation until the end of that House meeting, provided that the society's other representative was not credentialed for that meeting or was credentialed, but was unable to attend.
8. Joint Session of the Board of Directors with the House of Delegates shall be planned and conducted by the President.
9. On motion duly made and carried, the House may go into Executive Session at which only members of the House shall be present with the exception of those persons the House Speaker deems necessary for the conduct of business. All matters discussed shall be held by all as strictly confidential and nothing of the proceedings shall be made known to others. Any House member who is suspected of violating this policy may be subject to having a formal complaint filed with the Judicial Committee. A member found to be in violation of executive session policy will be denied seating in the House and the member's status shall be reported to the President of his/her society.

**American Association for Respiratory Care  
Policy Statement**

**Policy No.: HD010**

**SECTION:** House of Delegates

**SUBJECT:** Delegate Travel Assistance and Funding

**EFFECTIVE DATE:** December 12, 1999

***Policy Statement:***

Delegations needing financial assistance to attend House meetings, may apply for funds through the Delegate Assistance Committee. Funds shall be disbursed by the committee in accordance with established and approved policy:

***Policy Amplification:***

1. The chair of the Delegate Assistance Committee will initiate a personal mailing to the delegate(s) and president of each state society to notify them that delegate travel funds are available. This mailing is done twice each year at the following times:
  - a. one hundred and twenty (120) days prior to the summer House of Delegates (HOD) meeting for travel to that meeting;
  - b. immediately following the summer HOD meeting for travel to the fall HOD meeting;
2. This personal mailing shall solicit requests for delegate travel funding and shall include the following information:
  - a. the deadline date for receipt of the application in the AARC Executive Office;
  - b. that those costs which exceed 25% of the society's fund balance will be provided and how a society can request waiver of this policy;
  - c. that hotel room rates will be funded at one-half of the double occupancy rate, including tax. If funding approved by the committee, it will be the responsibility of the attending delegate to locate a roommate;
  - d. that only one (1) member of a society delegation will be funded unless there are excess budgeted funds available;
  - e. that tickets may be booked through the AARC's travel agency. Funding for air travel will not exceed the lowest rate obtainable through the AARC's travel agency.
  - f. A delegate travel funding application form with financial information that includes the applicable hotel room rate, the maximum allowable days (per diem) and nights (hotel room) as approved by the Speaker.
3. The deadline date for receipt of the funding application shall be sixty (60) days prior to the House meeting. All requests received after the deadline will be considered only if adequate funds are available and there is sufficient time to process the appropriate paperwork.
4. The chair of the Delegate Assistance Committee shall verify that the data on the application forms is correct, make any necessary adjustments, and ensure that all of the information relating to each society's funding request is mailed to each committee member. The committee may request the chair to investigate a society's projected expenses when the committee considers them excessive.

5. The Delegate Assistance Committee, by majority vote, will approve requests for delegate funding assistance. In the event of a tie, the chair will make the deciding vote.
6. Final notification of the committee's decision will be made to all applicants at least thirty (30) days prior to the next House meeting.
7. No more than 60% of the committee's annual budgeted funds may be dispersed for the summer meeting.
8. Documentation of those costs for delegate travel which exceed 25% of the society's fund balance will be provided to the committee. The committee may, in its discretion, lower or waive the 25% requirement after thorough evaluation of the society's financial status. A society may request the committee to waive the 25% contribution of their fund balance. If a waiver is requested, the society must submit, along with their application for funding, a written justification for their request, as well as a copy of the society's current budget with year to date income and expense data or projections of income and expense data. All requests for 25% waiver must be submitted to the AARC Executive Office by the application deadline.
9. If the approved funding exceeds the budgeted amount, funds will be distributed based on a percentage of total dollars budgeted to total dollars approved. It will be the responsibility of the society to fund the remainder of the dollar amount requested in the funding application.

**American Association for Respiratory Care  
Policy Statement**

**Policy No.: HD011**

**SECTION:** House of Delegates

**SUBJECT:** House Rules and Parliamentary Authority

**EFFECTIVE DATE:** December 12, 1999

***Policy Statement:***

The House Rules shall remain in force in subsequent sessions of the House unless they are amended or repealed. The House may amend, repeal or suspend these rules upon a two-thirds (2/3) vote of the delegations.

***Policy Amplification:***

Except when in conflict with the Association Bylaws, or any approved House rule, the latest edition of Robert's Rules of Order shall govern the interpretation of the House Rules and the procedure to be followed.

**American Association for Respiratory Care  
Policy Statement**

**Policy No.: HD012**

**SECTION:** House of Delegates

**SUBJECT:** Media and Press Relations

**EFFECTIVE DATE:** December 12, 1999

***Policy Statement:***

The House shall develop, within the framework of the Association's policy and procedure, guidelines for contact with the media and press.

***Policy Amplification:***

1. Members of the House shall strive to project a positive image of the respiratory care practitioner, the respiratory care profession, the House and the Association.
2. Members of the House shall not misinform or mislead the public through any communication media or press release.
3. Members of the House shall not disclose confidential information of the Association.
4. Any member of the House who, as a representative of the House, conducts an interview or provides information for an media article or press release shall review the article or press release prior to publication of any statement attributed to them.

# HISTORICAL OVERVIEW

Created - 12/90

The AARC House of Delegates (HOD) grew out of a meeting of state society presidents, which took place in Detroit, Michigan, in 1965. What follows is a very brief overview, listing some of the high points of the House from 1966 to 1980. The historical overview of the HOD during the 1980's and early 1990's follows the first 15-year segment. Bear in mind that what is contained herein reflects only the HOD actions and not those of the Association overall, except where otherwise noted. All issues were passed by the HOD. AARC Board of Director (BOD) action was outside the scope of this effort. Care has been taken to be objective and historically accurate.

**1966: Boston** ... first meeting of the HOD ... 3-day meeting ... time spent on structure and function ... one vote per delegation and poll voting emerges.

**1967: Los Angeles** ... minutes incomplete.

**1968: Houston** ... first previous question called ... Scrutinizing Committee begins ... first poll vote ... pursuit of licensure ... two HOD meetings per year (defeated).

**1969: Kansas City** ... first HOD member sits in on AAIT (American Association of Inhalation Therapy) BOD meeting by invitation ... legislative governance/balance of vote between HOD and BOD raised as question by AAIT President ... first smoking resolutions ... Nominating Committee elected by HOD, BOD to elect own officers ... HOD to approve Association budget ... better communication stressed between HOD and BOD (J. Liverett, Speaker HOD and V.P., AAIT).

**1970: New Orleans** ... first joint session of HOD and BOD ... AAIT Bylaws fail (less than 50% of active members voted) ... HOD passes budget ... continuing education standards formulated ... National Nominations Committee discussed ... HOD to implement orientation ... BOD Nominations Committee and elections process challenged via withholding of member dues payment until process amended as per member request (referred).

**1971: Philadelphia** ... first orientation report conveyed success ... geographic representation via elections discussed ... Bylaws fail - HOD proposes change to allow passage when 2/3 of votes are cast in favor ... HOD wants only one Nominations Committee (from HOD) as official source to BOD Nominations Committee ... Life Membership for all past and future Presidents (BOD defeated) ... proposal to move Executive Office (from Riverside, CA).

**1972: Las Vegas** ... 25th anniversary of the Association ... Bylaws pass - Association now AART (American Association for Respiratory Therapy) ... do we want a worldwide organization? (HOD Speaker, J. Allen) ... AART headquarters moved to Dallas, Texas ... HOD Vice Chair "BOD very much tuned in and sympathetic with activities and interests of the HOD" ...censure letters sent to delegates not attending meetings in Philadelphia ... six geographic districts/meetings proposal discussed ... a voice and then another voice speak to the regional meeting concept ... alternate and delegate terms recommended (2 years) ... ban on smoking in all meetings of the annual meeting.

**1973: Atlanta** ... membership seals replace certificates ... BOD election returns 23.1% of ballots ... AART opts against National Economic Council as collective agent ... AART officers to be elected by the membership ... delegates can serve up to six years ... poll vote removes grandfather clause (Technician Certification Board).

**1974: Dallas** ... does President-elect need to continue as Speaker of the HOD? (R. Knosp - HOD Speaker) ... legal credentialing groundwork laid ... the number of AART committees cut from 80 to 40 and committee members from 750 to 350 ... NBRT (National Board for Respiratory Therapy) to take over Technician Certification Board on January 1, 1975 ... revenue sharing and member cards begin in 1975 ... past HOD records should be transferred from delegate to alternate ... proposed 50% turnover in HOD withdrawn ... Model Licensure proposal ... BOD limited to one term.

**1975: Anaheim** ... President-elect H. Anderson points out confusion of HOD speaker and chair of HOD, proposes that BOD elect on a regional basis ... first tripartite meeting held ... Rad techs challenge use of AART logo in court ... Executive Director W. Singletary resigns ... AART plans trip to USSR ... Nominations Committee name changed to Nominating Committee ... establish criteria used in selection of officers and BOD (postponed) ... acquisition of Washington, DC lobbyist legal council for BOD ... HOD orientation becomes mandatory ... RT specialization recommended to Long Range Planning Committee ... R. Weilacher named new Executive Director.

**1976: Miami** ... AART to buy Executive Office building ... single entry level is priority - 14 or 18 BOD members came from the HOD ... continue to strive for meaningful governmental balance (H. Anderson, AART President) ... HOD asks for complete BOD explanation of resolutions that the HOD passes ... dues increase defeated ... HOD to elect Nominating Committee each year - 3 members, one of whom shall be a past AART president (defeated) ... Uniform Reporting Manual begins as RVU system ... litigation considered to gain fee for service reimbursement ... orientation to be separate from HOD meetings ... future dues increases shall originate in HOD ... delegation terms shall be at pleasure of the chartered affiliate ... litigation with Rad techs not recommended because of cost factor ... annual mandatory delegate report of 300 words or less.

**1977: New Orleans** ... office of past chair established ... Bylaws change adds annual business meeting ... BOD members cannot be delegates or alternate delegates ... Executive Director resigns ... Nominating Committee to use "definitive criteria" in nominee selection ... dues amount to be joint decision of HOD and BOD ... Nominating Committee has 19 candidates ... HOD to meet twice a year.

**1978: Atlanta** ... first summer meeting of HOD ... AART names Sandra Parkinson as Executive Director ... deficit budgeting is no longer acceptable (passed unanimously) ... first clinical sim. date set ... AART to establish incoming WATS line.

**1978: Las Vegas** ... call for poll vote requires one-third of delegates ... chartered affiliate application criteria includes state boundaries and minimum number of members ... Bylaws amendment - Nominating Committee to have three active members elected by HOD and two active members elected by BOD (defeated) ... Nominating Committee procedural manual with standards containing specific and measurable elements ... \$10 dues increase to begin in 1979 ... increase in revenue sharing defeated ... incoming WATS line defeated and then passed ... AART hires a controller ... Progress & Transition Committee created ... HOD Orientation Committee created.

**1979: Washington, DC** ... past chairman to chair Credentials Committee ... unanimously passed a resolution to continue to meet twice a year ... Association to develop a Standards of Practice document ... HOD to hold a reception at each meeting ... Nominating Committee procedures and policies adopted ... discussed combining respiratory therapy and cardio-pulmonary technology.

The following is offered to the AARC House of Delegates (HOD) as a historical perspective of the decade of the 1980's and 1990's through the present. Due to time and space constraints, what you will read in the following pages is not all inclusive, but rather indicative of the business carried on by this body based on the landmark and recurrent issues and resolutions. Some statistics are absent, but hopefully

a sense of purpose is present. The 1990 Progress and Transition Committee's format for presenting landmark/recurrent topics is respectfully maintained as a basis for future historical record keeping of the AARC House of Delegates.

## MEETING FORMAT

The AARC House of Delegates meets twice a year, once during the summer in conjunction with the Summer Forum and once in the fall in conjunction with the Annual Convention. Meetings run over a two-day period. An agenda book is provided to the HOD containing reports of interest from the House of Delegates, AARC Board of Directors, AARC Executive Office, Board of Medical Advisors, NBRC, CoARC, ARCF, AARC Government Affairs, and other HOD/AARC committees. During each meeting resolutions are brought before the HOD and acted upon. Resolutions passed by the HOD are sent to the BOD for consideration by the next regularly scheduled BOD meeting. Performance of the HOD work is not always done during the HOD meetings. Much time and effort are spent year-round to facilitate accomplishment of House business.

- A. HOD officers include the Speaker, Speaker-elect, Past Speaker, Secretary, and Treasurer.
- B. HOD standing committees currently include Chartered Affiliates, Credentials, Delegate Assistance, Elections, Executive, Orientation, Progress & Transition, Publications, Resolutions, Scrutinizing, and Special Recognition. Access to these committees is through appointment as well as indicated interest by a delegate.
- C. Special committees are appointed by the Speaker to perform work outside the purview of the HOD standing committees. These may be referred to by a specific name and/or by the term "ad hoc".

## CHRONOLOGY

### 1980 - Landmark Issues, AART President Sam Giordano

- 1) Delegates are to be elected by chartered affiliate members who are also AART members.
- 2) The International Respiratory Care Committee is created and replaces the Hispanic Affairs Committee.
- 3) Legislation and legal credentialing workshops.
- 4) HOD to meet in conjunction with Summer Forum.
- 5) Affiliates shall require active members to hold concurrent AART memberships.
- 6) AART Director and Controller resign.
- 7) Development of job descriptions for HOD officers.
- 8) Delegate travel to be a line item in 1981 budget.

### 1980 - Recurrent Issues/Resolutions

- 1) Nominating Committee point system criteria.
- 2) Special membership approval, life and honorary (seven received life approval during summer meeting).
- 3) Delegate/Alternate term of office.
- 4) Increase revenue sharing.
- 5) Budget, related to the legislative consultant.

### 1981 - Landmark Issues, AART President George West

- 1) Affiliates require active members to hold concurrent AARC memberships.
- 2) HOD denies first life membership nominee this honor.
- 3) Sam Giordano named Associate Executive Director.
- 4) HOD orientation manual approved.

- 5) For profit organization (Daedalus) discussed.
- 6) Handling of emergency resolutions criteria.

#### **1981 - Recurrent Issues/Resolutions**

- 1) Seven individuals receive life memberships.
- 2) Patron membership/revenue sharing.
- 3) RT standards and recognition in VA. system.
- 4) Reduction of dues for married members.

#### **1982 - Landmark Issues, AART President John Walton**

- 1) HOD not to meet during annual AARC Convention.
- 2) Past AARC President to be BOD liaison to HOD.
- 3) California credentialing bill passes.
- 4) HOD establishes "Delegate of the Year" award.
- 5) HOD orientation manual replaced by:
  - a) Welcome letter from Orientation Committee chair
  - b) Copy of AARC Bylaws
  - c) Minutes of previous two HOD meetings
  - d) Copy of previous HOD newsletter
  - e) Copy of Parliamentary Procedure
  - f) Copy of HOD Rules

#### **1982 - Recurrent Issues/Resolutions**

- 1) Smoking cessation assistance - patients and RT.
- 2) Government monitoring to assure RC is correctly identified and represented.
- 3) Nominating process, CIF (Candidate Information Form) revision.
- 4) Minimum entry level of Associate Degree.
- 5) Dues increase/revenue sharing.
- 6) HOD chair to serve as liaison to BOD.

#### **1983 - Landmark Issues, AART President Glen Gee**

- 1) \$20,000 budget line item added for state credentialing.
- 2) HOD and BOD to institute three-year sunset provision to review policies and procedures.
- 3) Candidates' positions on ballot to be by lot.
- 4) Credentialing a high priority.

#### **1983 - Recurrent Issues/Resolutions**

- 1) Delegate credentialing/voting.
- 2) HOD newsletter to be published six times per year.

#### **1984 - Landmark Issues, AART President Julie Ely**

- 1) American Physical Therapy Association announces a cardio-pulmonary exam for their members.
- 2) Bylaws changes include HOD past chair as a member of BOD.
- 3) HOD newsletter subscriptions made available to interested members at a yet undetermined cost.
- 4) HOD opposes part of resolution 61-84-10, "The HOD may veto actions of BOD by a 2/3 vote of the majority of HOD".
- 5) Cybernetics session to be a permanent part of HOD meetings annually.

#### **1984 - Recurrent Issues/Resolutions**

- 1) Nominating process - HOD to determine final slate of candidates from Nominating Committee list.

- 2) Insurance package to be a continuing benefit.
- 3) Nominating Committee - ad hoc committee to be appointed to refine current criteria.
- 4) Nominating process - point system modification.
- 5) Credentialing, reimbursement, and member retention identified as priorities.
- 6) HOD nominating process - officers and committees nominated at summer meeting and elected at winter meeting.
- 7) HOD and BOD to continue joint meetings.
- 8) Dues increase/revenue sharing - total of \$5.00 with \$2.50 shared (defeated).

**1985 - Landmark Issues, AART President Richard Beckham**

- 1) HOD liaison resigns - Julie Ely fills vacancy.
- 2) HOD endorses BOD appointment for President-elect.
- 3) New JRCRTE essentials implementation discussed.
- 4) AART's NBRC representatives' "actions questioned to be in AARC's interest" (motion to pursue defeated).
- 5) Caucus time for HOD and BOD at each meeting.
- 6) The Social Intercourse Committee (SIC) is born.

**1985 - Recurrent Issues/Resolutions**

- 1) All past AART Presidents to be life members.
- 2) Nominating process - criteria, point, structure, and candidate information form.
- 3) Increase minimum entry level, referred to Task Force on Professional Direction.
- 4) Membership dues increases/decreases.
- 5) Establish AART speakers bureau - discussed.
- 6) HOD nominations/elections amendments.

**1986 - Landmark Issues, AARC President Jeri Eiserman**

- 1) Biosystems education program fails.
- 2) BOMA approves model RC practice act.
- 3) New legislative consultant hired, Raymond D. Cotton, P.C.
- 4) Viability study by NBRC to investigate a specialty credential for perinatal/pediatric RCP's.
- 5) Poll vote to be taken on any matter directly involving AARC membership.
- 6) AHA agrees to assist with state heart association - not receptive to RT's taking ACLS.
- 7) Discussion on moving HOD summer session to coincide with BOD spring meeting.
- 8) Group liability insurance for chartered affiliate officers/directors proposed.
- 9) President and Executive Director appointed to JCAH advisory panel for development of home care standards.
- 10) BOD increases AARC per diem from \$25 to \$30.
- 11) All AARC position statements must be approved by HOD before adoption.
- 12) Audit Committee to elect HOD members with staggered terms and HOD has majority of committee members.
- 13) National airline smoking survey dates set for March, 1987.
- 14) Funds set aside for literature search of any litigation involving RCP's or RT procedures.
- 15) Name change to AARC.

**1986 - Recurrent Issues/Resolutions**

- 1) Affiliates begin name change process.
- 2) HOD makes name changes in HOD Rules.
- 3) Nominating Committee criteria changes.
- 4) Summer Forum proposed for Portland, Maine.
- 5) Funds for state credentialing to be made available for affiliates regardless of resources.

- 6) Affiliates asked formally to change "Respiratory Therapy" to "Respiratory Care".
- 7) Dues increase to \$60, \$15 revenue sharing, one or two membership sections free (defeated).
- 8) Member recruitment - three mailings of AARCTimes to non-members passed.
- 9) Legal credentialing - eighteen affiliates successful.
- 10) BOMA - Medicare reimbursement pursuit continues.
- 11) Smoking - AARC supports Hatch bill to ban smoking on all public conveyances.
- 12) 1987 legislative objectives include pursuit of issues in home care and quality of care.
- 13) HOD chair opposes changing time frame of HOD summer meetings.
- 14) BOD asked to look into development of an RC archives/museum.
- 15) BOD asked to charge a committee with review of federal regs. on use of portable oxygen systems on common carriers.

### **1987 - Landmark Issues, AARC President Melvin Martin**

- 1) Legislative representative discusses HCFA authority to administer proficiency tests to allied health professionals.
- 2) BOD talks of moving Executive Office, as per auditor's suggestion.
- 3) One chapter affiliate elected not to attend HOD meeting even after an offer of travel funding.
- 4) BOD considers aid of a PR firm to help conduct a press conference on airline smoking survey.
- 5) Central America RT Association is represented in the HOD for the first time.
- 6) Ventilator standards to be developed.
- 7) Definition of an active member is raised by Rhode Island Society.
- 8) HOD overrules chair definition of an active member sending request of definition to Membership Services and Public Relations Committee.
- 9) Pilot project for alternative site reimbursement through Medicaid (California and Texas).
- 10) Durbin amendment (2-hour flight smoking ban) passes U.S. House of Representatives.
- 11) Illinois proposes abolishment of nominations point system.

### **1987 - Recurrent Issues/Resolutions**

- 1) Delegate travel funding increased to \$4,000.
- 2) HOD asks for dialogue seeking cooperative efforts between allied health organizations - referred to Task Force on Professional Direction.
- 3) Nominations criteria.
- 4) Membership renewal/non-renewal.
- 5) BOD commend HOD on smoking survey efforts.
- 6) AARC to purchase building for exclusive occupancy cost not to exceed \$1.2 million.
- 7) Past chair to oversee credentialing of delegations.
- 8) Liability insurance for chapter affiliate BOD's defeated.
- 9) 800 line for Q&A on cardio-pulmonary health and disease (defeated).
- 10) Videotape and telecommunication lectures for RC category I credit.

### **1988 - Landmark Issues, AARC President Gerald Dolan**

- 1) Task Force on Professional Direction summarizes cardio-pulmonary survey.
- 2) AMA proposes registered care technologists (RCT).
- 3) AARC Continuing Education system streamlined.
- 4) Dakota Society for Respiratory Care splits into North and South chartered affiliates.
- 5) Funds and guidelines for Executive Office travel to state meetings developed.
- 6) Revenue sharing to increase to \$2 to affiliates when Association membership increases by 5,000.
- 7) Budget monies set aside for public relations.
- 8) HCFA seeks input for ventilator dependent patients.

### **1988 - Recurrent Issues/Resolutions**

- 1) Vento-Durenberger bill passes Congress.
- 2) Smoking - HOD and BOD officers must be non-smokers (defeated).
- 3) Leadership workshops to be held at annual meetings.
- 4) Point system for nominations to be abolished by 1992.
- 5) Dues increase by \$10.00.
- 6) Delegate travel fund criteria discussed.
- 7) State credentialing budget amount discussed.
- 8) Ad hoc committee on nominations process discussed.
- 9) National meeting proposed for New England.
- 10) HOD Election Committee recommends that ballots be held for thirty days and then destroyed.

#### **1989 - Landmark Issues, AARC President Paul Mathews**

- 1) Dialogue with World Health Organization.
- 2) Mexican Society for Respiratory Care is new international affiliate.
- 3) AARC name in congressional record as a result of airline smoking survey.
- 4) NBRC entry level exam scores increase by 15-20%.
- 5) Clinical practice guidelines to be goal of Association in coming years.

#### **1989 - Recurrent Issues/Resolutions**

- 1) Status of RT's in the military discussed.
- 2) Nominations process ad hoc committee gives recommendations.
- 3) AARC awards to be reviewed as a whole.
- 4) Marketing workshops discussed.
- 5) Dues payment proposed via electronic transfer.
- 6) Newsletter circulation reviewed.
- 7) Summer Forum in Hawaii within the next five years, passed and referred to Program Committee.
- 8) Nominations Committee process draft.
- 9) HOD asks Program Committee to seriously consider holding a national meeting in New England.
- 10) Smoking resolutions X four.
- 11) RCT proposal discussed at length.
- 12) Smoke free profession by 2000 passed.

#### **1990 - Landmark Issues, AARC President Jerome Sullivan**

- 1) Employment by the AARC Executive Office of a Director of Education.
- 2) CLIA '88 threatens to exclude Respiratory Care Practitioners and their medical directors from rendering arterial blood gas services and possibly pulmonary function services.
- 3) \$25,000 allocated to survey number of ventilator-dependent patients.
- 4) Canadian Immigration Department agrees to a proposal allowing respiratory therapists who have completed a two-year program and have three years experience inclusion in the Schedule 2 list.
- 5) AMA House of Delegates votes to stop RCT Project.
- 6) Clinical Practice Guidelines Steering Group meets and identifies five focus groups.
- 7) The first International Colloquium meets in conjunction with Summer Forum - seven countries represented.
- 8) Thirty-one states have credentialing bills passed.
- 9) HOD celebrates its 25th Anniversary.

#### **1990 - Recurrent Issues/Resolutions**

- 1) Revision of the "Active" member definition/classification.
- 2) Nominating Committee develops revised nominating process and requests input from delegations regarding criteria.
- 3) Select Committee is appointed to review all aspects of AARC governance.

- 4) Recognition of RCP's who pass the new NBRC Perinatal/Pediatric exam.
- 5) Reduction as recognized by the AARC, required CEU contact time from sixty to fifty minutes.
- 6) Nominating Committee proposes three-year staggered term of office for committee members.

#### **1991 - Landmark Issues, AARC President Patrick Dunne**

- 1) AARC Clinical Practice Guidelines introduced.
- 2) First Management Training module presented prior to the 1991 Atlanta Convention.
- 3) Bachelor Degree courses offered at annual meeting by Western Michigan University.
- 4) Consensus Conference on "Essentials of Mechanical Ventilators" to be held in February, 1992.
- 5) Government Affairs: Bills HR1120 and S1120 introduced.
- 6) First Consensus Conference on Respiratory Care Education to occur.
- 7) First International Congress for Respiratory Care meets formally at the 1991 annual meeting in Atlanta - approximately twenty countries represented.
- 8) First joint retreat of the Executive Committee of the AARC and the HOD officers.
- 9) First draft of a "white paper" to formally establish the role and responsibilities of the RCP in the discharge planning process introduced.
- 10) Installation of the IBM System 400 Computer completed at the AARC Executive Office.
- 11) Gender neutral language for HOD officers, i.e., chairman to speaker, etc.

#### **1991 - Recurrent Issues/Resolutions**

- 1) Ad Hoc Committee on Data Collections designed tool for affiliate BOD's to evaluate HOD function.
- 2) HOD holds focus group sessions to discuss HOD participation in AARC's governance. Areas of participation included: (1) influence in budget and strategic plan; (2) communication between membership/affiliates and BOD; (3) nomination and appointment process; (4) project and committee functions.
- 3) Task Force on Professional Direction - manpower survey pilot conducted in Florida and Utah.
- 4) Bylaws Committee tables proposal to broaden the Active Membership category by the AARC.
- 5) Categories for large, small, and most improved Chartered Affiliate of the Year Awards replaced with a single Chartered Affiliate of the Year award and two Honorable Mention Affiliate of the Year designations.
- 6) Blue Ribbon Panel selected to evaluate the JRCRTE accreditation process.
- 7) Thirty-four states, plus Puerto Rico, report some form of legal credentialing.

#### **1992 - Landmark Issues, AARC President Bob Demers**

- 1) Employment by the AARC Executive Office of a Director of State Affairs, working with affiliates on state issues such as state credentialing.
- 2) Education Consensus Conference was held in October, 1992 to look into designing an education system which would address the future Respiratory Care Practitioner.
- 3) Establishment of a Home Care Specialty Section was approved.
- 4) AARC membership surpassed 35,000 which resulted in an increase of 20%. Specialty Section membership grew to 10,000, a 25% increase.
- 5) The Task Force on Professional Direction, in conjunction with Arthur Anderson and Company, Inc., developed a paper: "Impact of State Regulations on the Respiratory Care Profession".
- 6) The AMA (American Medical Association) announced their withdrawal of sponsorship on the Council of Allied Health Education and Accreditation (CAHEA) by 1995.

#### **1992 - Recurrent Issues/Resolutions**

- 1) Ad Hoc Committee on Data Collections becomes a standing HOD committee. The function of this committee is to develop, distribute, gather and synthesize all HOD surveys.

- 2) The first "Delegates report cards" and the "House performance appraisals" were sent out to serve as evaluations of effectiveness of the HOD.
- 3) The nominations process for AARC officers and directors was revised, i.e., reduction of paperwork. The new system will be used in 1993.
- 4) New criteria and process for selection of Affiliate of the Year presented and approved.
- 5) Two chartered affiliates on line with token ring computer network with the Executive Office.
- 6) Eight new Clinical Practice Guidelines were published.
- 7) Respiratory Care Practitioners 2001 public relations campaign to market the Respiratory Care Practitioner is announced.
- 8) HOD Rules amended to indicate that failure to attend an orientation session for any delegate/alternate will result in no voice or vote.
- 9) JRCRTE announced a proposed fee increase for accreditation of programs to begin in 1994.
- 10) The first AARC regional workshop on licensure was held in October, 1992 in Newark, New Jersey.
- 11) Formation of an Ad Hoc Committee for Active Membership to review eligibility criteria.
- 12) Development of the first Delegate Handbook.

### **1993 - Landmark Issues, AARC President Dianne Lewis**

- 1) Thirty-eight states and Puerto Rico have some form of legal credentialing and several of these states are attempting to upgrade their practice acts to full licensure if not currently fully licensed.
- 2) Operational guidelines are being developed for new committee chairs and members to assist them with ongoing functions and timeliness. The principles of Continuous Quality Improvement (CQI) are being incorporated in the revisions.
- 3) Recommendation from the Ad Hoc Committee on Active Membership to change the criteria for active membership receives a favorable vote in the HOD. The new criteria does not require active employment in traditional definition of "Respiratory Care" or signature on the application of a Medical Director/Sponsor.
- 4) First woman Speaker of the House elected.

### **1993 - Recurrent Issues/Resolutions**

- 1) Appointment of the Ad Hoc Committee on the Strategic Plan for the HOD to develop the first strategic plan for the HOD.
- 2) The Model Practice Act is being revised.
- 3) Committee Accreditation Allied Health Education Programs (CAAHEP) is proposed as an umbrella accreditation agency to replace Committee Allied Health Education Accreditation (CAHEA).
- 4) Focus group sessions of HOD address "Marketing the RCP" to assist the Executive Office of AARC with input for this strategic project.
- 5) A general disaster fund was established to aid AARC members involved in national disasters.
- 6) Each affiliate was invited to voluntarily contribute to the ARCF for the purpose of establishing an endowment fund to support the International Fellowship Program. There were ten International Fellows funded in 1993.
- 7) A second Consensus Conference on Education was held in October to deal with the implementation of the revised curriculum.
- 8) Ad Hoc Committee on Accreditation was appointed by President Lewis to study accreditation issues.
- 9) Therapist Driven Protocols are being promoted as a major method to streamline patient care and contain cost.
- 10) Joint Review Committee for Respiratory Therapy Education (JRCRTE) changes bylaws, eliminating appointment provision of AARC representatives to the committee by the AARC.

### **1994 - Landmark Issues, AARC President Deborah Cullen**

- 1) AARC implements Director of Management position at Executive Office. Hires Bill Dubbs, MBA, for this position. Position active during the fourth quarter.
- 2) AARC Board of Directors votes to cease sponsorship for JRCRTE due to failure of JRCRTE to follow agreed upon actions from February 28, 1994 Sponsors meeting. AARC Board of Directors takes action to form/sponsor new accreditation agency called Respiratory Care Accreditation Board. The vote is unanimous.
- 3) AARC institutes clearinghouse for Therapist Driven Protocols at Executive Office. All AARC members have access and can obtain protocols for small fee.
- 4) AARC institutes Spaceworks Competer Network which allows AARC members and affiliates to access "AARC Online".
- 5) House of Delegates (HOD) unanimously passes floor motion to support AARC Board of Directors actions with regards to JRCRTE and formation of Respiratory Care Accreditation Board (RCAB).
- 6) HOD votes not to suspend HOD Rules to revisit BOD actions on JRCRTE and RCAB.
- 7) AARC forms clearinghouse for information related to restructuring and re-engineering. HOD affiliates encouraged to have their members supply information whenever available on these issues to be shared with members involved with restructuring in their institutions.
- 8) AARC takes official position on cultural diversity within organization.
- 9) Data Collections Committee reports that in membership satisfaction survey that 13% of all AARC members are married to another RCP.
- 10) AARC filed and settled a libel suit against two ASA physicians.
- 11) Health Care Reform was a significant topic of United States Congressional Debate. Case study source books were mailed to nearly 200 influential members of congress citing examples of economic impact, quality of life and appropriateness of care issues for respiratory patients.
- 12) Letter writing campaigns to U.S. Senators and Representatives were encouraged to draft language recognizing Respiratory Care Services in the home, sub-acute care facilities, nursing homes and rehabilitation sites.
- 13) Ad Hoc Committee on Procedure Coding for Respiratory Care proposed new and revised CPT and HCPCS codes to AMA and HCFA. Recommendations were published in the *AARC Times* magazine.
- 14) AARC proposed a \$5.00 dues increase starting in 1995 to offset decreased advertising revenues and increased costs of *Respiratory Care* and *AARC Times* publications.

### **1994 - Recurrent Issues/Resolutions**

- 1) Dr. Barry Make, Chair of the Board of Medical Advisors (BOMA) states he will express desire of HOD to have next medical advisor present at some time during HOD meetings to answer questions about BOMA report and important issues.
- 2) Request made for publication in *AARC Times* of a glossary of terms pertaining to re-engineering and restructuring.
- 3) Affiliates requested receipt of issues associated with budget in advance of HOD meeting. This will facilitate communications to affiliates.
- 4) Resolution passed to request AARC research feasibility for creation of position for Director of Research.
- 5) Resolution passed for AARC to survey affiliates on RCP salaries before and after licensure.
- 6) RCAB will have tab in agenda book for future HOD meetings to provide communications about actions of this proposed accreditation body.
- 7) HOD revisited the question of voluntary contributions to the International Fellowship Program. This position was reaffirmed.
- 8) AARC BOD approves a survey to be conducted on licensure acts for specific statements about the RCP's role in home care.

- 9) Open microphone request to change designation of Delegate and Alternate Delegate to Senior Delegate and Delegate. This was due to concern that Alternate Delegate designation may decrease perceived importance of role.
- 10) During CQI Focus Group Sessions, all delegations were requested to convey the results and proceedings of all HOD and BOD reports back to their affiliates.
- 11) Progress and Transition Committee requested through formal charge to develop method of procurement of AARC CRCE credits for attendance at HOD meetings.
- 12) Resolved that AARC develop outline to guide affiliates in the process of gaining Medicaid reimbursement for RCP services in alternate sites.
- 13) Resolved that the AARC HOD and BOD establish an ad hoc committee intended to foster shared governance on matters related to mission, bylaws, budget and nominations.
- 14) AARC Bylaws were changed to make the Chartered Affiliates Committee a HOD committee - no longer an AARC standing committee.

#### **1995 - Landmark Issues, AARC President Trudy Watson**

- 1) CQI session pertains to communications paths and ways to improve the bidirectional flow of information required for the many different groups within our organization.
- 2) HOD votes to approve Bylaws changes to allow active members who reside in one state, but work in another, the option for membership in the state of their choice.
- 3) Chartered Affiliates Award system to be suspended for one year.
- 4) AARC establishes WorldWide Web site.
- 5) New Ad Hoc Committee for Operational Effectiveness formed to investigate restructuring of the voluntary portion of the AARC.
- 6) AARC and NBRC develop computer software for the National Respiratory Care Disciplinary Database.
- 7) First regional meeting held in Chicago in the fall addressing issues on health care reform.
- 8) AARC changes committee name of Therapist Driven Protocols to Cardiorespiratory Protocols.
- 9) Respiratory Therapy has been added to the list of providers for some services rendered in Medicare Part A.
- 10) Implementation of the Rapid Response Calling Tree for House use.

#### **1995 - Recurrent Issues/Resolutions**

- 1) Progress & Transition Committee is charged with the responsibility to arrange the CRCE credits for House meeting.
- 2) BOMA repeats that they will not supply representative physicians to RCAB.
- 3) HOD adopts new language in House Rules pertaining to specific qualifications of the HOD-elected representatives to RCAB.
- 4) House passes motion for the annual fall HOD meeting to remain in the fourth quarter, but earlier if possible.
- 5) All HOD printed materials are available on computer disk.
- 6) Resolution made to investigate the feasibility of an investment program for the membership.
- 7) HOD votes in favor of ninety (90) day notice requirement by any committee to survey or gather information. A standard form will be utilized.
- 8) HOD votes in favor of developing a mechanism to fund all delegations to House meetings by 1997. Motion referred to an ad hoc committee.
- 9) HOD votes in favor of the AARC to investigate the feasibility of menu-driven membership packages.
- 10) The subject of Director of Research is still unfinished business.
- 11) House unanimously voted to award Pat Lee the title of Honorary Delegate in appreciation of her numerous contributions to the HOD.

### **1996 - Landmark Issues, AARC President Charlie Brooks**

- 1) Charlie Brooks announced that AARC and JRCRTE has signed an agreement to form a new accrediting agency effective January 1, 1998. The agreement was signed July 11, 1996.
- 2) Dr. William Bernhard, Chair-elect of BOMA, read a very strong letter of support from the ASA which validated respiratory care practitioners as the most highly qualified health care personnel to deliver respiratory care services.
- 3) CQI session pertains to managed care and how HOD members can help their affiliate members deal with change.
- 4) HOD passed, and BOD accepted for information only, that the “AARC BOD investigate the feasibility of beginning negotiations with the NBRC in an attempt to change the entrance requirements for the Entry Level Exam and that the minimum entrance requirements be 1) a graduate from an accredited RT training program, and 2) minimum of an associate degree”.
- 5) HOD elects eight persons to the Accreditation Transition Committee. Terms will run from two to four years.
- 6) Each state pledged to increase membership and provided a number which they hope to obtain by June 30, 1997.
- 7) HOD endorses unanimously the negotiated agreement between AARC, RCAB, and JRCRTE to form a successor accreditation agency with the CAAHEP system.
- 8) All 50 states were represented.
- 9) Trudy Watson provided a handout to delegates and reviewed suggested proposals regarding the “Task Force on Organizational Restructuring”. The HOD voted to endorse the concept.

### **1996 - Recurrent Issues/Resolutions**

- 1) HOD and BOD approved that the review of the affiliate bylaws be transferred from the HOD Chartered Affiliates Committee to the AARC Bylaws Committee.
- 2) HOD voted to implement a “user friendly” Chartered Affiliates Award Program this fall. Award program will be based on educational activities, public relations activities, legislative affairs, affiliate affairs, and membership recruitment.
- 3) Chartered Affiliates Award program to start in 1997 from July to July.
- 4) HOD voted that the AARC develop an audit preparation/financial packet for affiliates. See resolution # 11-96-48 for specific criteria.
- 5) HOD voted, and BOD referred to Executive Office, that the “AARC develop a media kit concerning restructuring for use by RCPs when responding to the media (newspapers, TV, interviews, etc.).

### **1997 - Landmark Issues, AARC President Kerry George**

- 1) Trudy Watson gave a verbal update as well as a slide presentation and handouts prior to both the summer and fall House meetings. Following her presentations focus groups were formed.
- 2) Summer meeting focus groups discussed the following:
  - a. Identify all of the potential positive attributes which could be derived by the AARC through use of President, President-elect, and the Past President as the HOD Delegation from each Chartered Affiliate.
  - b. Identify all of the potential negative attributes which could be derived by the AARC through use of President, President-elect, and the Past President as the HOD Delegation from each Chartered Affiliate.
  - c. Identify the potential positive attributes for the AARC member which might be derived by selection/election of at-large AARC Board of Directors (BOD) members by the HOD.
  - d. Identify the potential negative attributes for the AARC member which might be derived by selection/election of at-large AARC Board of Directors (BOD) members by the HOD.
  - e. Identify the potential positive attributes for the AARC member which might be derived by selection/election of at-large AARC BOD members by the AARC Specialty Sections.

- f. Identify the potential negative attributes for the AARC member which might be derived by selection/election of at-large AARC BOD members by the AARC Specialty Sections.
  - g. Identify the potential positive attributes for the AARC if the AARC BOD officers are nominated and elected by the AARC BOD.
  - h. Identify the potential negative attributes for the AARC if the AARC BOD officers are nominated and elected by the AARC BOD.
- 3) Fall meeting focus groups discussed the following:
- a. Identify the potential pros and cons for the AARC member which might be derived by the nomination and election of the AARC's BOD officers by the BOD.
  - b. Identify the potential pros and cons for the grassroots AARC member which might be derived by enhancement of the AARC Specialty Sections into large mini-associations (at least 1000 members) with appropriate resources to facilitate operations.
  - c. Identify the action desired by the HOD on the other sections of the Task Force's proposal which have greater than 65% who agree/strongly agree based on survey.
  - d. Identify the pros and cons for use of operational policy after bylaws passage of the strategic portions of the plan to solve the concerns for issues for which more than 50% agree/strongly agree.
- 4) At the fall meeting the House passed two resolutions that allowed the general/active members of the Association to vote for AARC officers and to send the restructuring proposal to the Bylaws Committee. (see Resolutions #34-97-21 and #34-97-37).

#### **1997 - Recurrent Issues/Resolutions**

- 1) The Summit Award, formerly known as the Chartered Affiliate Award, starts July 1, 1997 and runs to June 30, 1998. No monetary value is attached to the prize this year.

#### **1998 - Landmark Issues, AARC President Cynthia Molle**

- 1) Key issue – PPS in skilled nursing facilities affecting RC jobs; many RCPs lose their jobs secondary to implementation of the Balanced Budget Act cost reductions.
- 2) AARC Strategic Planning Committee combined with the HOD Strategic Planning Committee as part of the ongoing streamlining of the infrastructure of the AARC.
- 3) Approval for 2 members of the HOD to serve on the AARC Strategic Planning Committee.
- 4) New AARC Bylaws considered for first reading at the summer 1998 meeting. Much time and effort expended by all concerned, including HOD in trying to fashion Bylaws acceptable to the membership.
- 5) New AARC Bylaws approved after second reading at the fall 1998 meeting.
- 6) Transition Committee appointed and directed to plan for implementation of new AARC Bylaws. Many opportunities for improvement and clarification exist as policies and procedures are developed to translate the intent of the Bylaws into daily practice.
- 7) Focus groups were held at the fall 1998 meeting to provide feedback to Transition Committee regarding new Bylaws and Policy/Procedure Manual. These were very successful and serve to demonstrate how CQI can be utilized to solve problems and refine processes.
- 8) HOD Listserv began in 1998.
- 9) New computer system was approved for the AARC executive office.
- 10) Resolution passed directing AARC to establish an educational program leading to certification as an asthma educator.
- 11) Trish Blakely named Outstanding Affiliate Contributor.

#### **1998 - Recurrent Issues/Resolutions**

- 1) 1998 Summit Award awarded to Ohio; Runner-up given to Pennsylvania.

#### **1999 – Landmark Issues, AARC President Diane Kimball**

- 1) Key issue – Muse study commissioned by the AARC clearly shows the value of Respiratory Therapists in the skilled nursing facility; AARC proposed language, which requires HCFA to study Respiratory Care competency in Skilled Nursing Facilities, is adopted by Senate Finance Committee and placed in BBA Relief Act. Legislation is passed by Congress and signed into law by President Clinton.
- 2) Key issue – Declining membership in the AARC. The AARC Membership Committee develops a membership campaign to be initiated in March 2000.
- 3) ARCF sponsors a Consensus Conference on Aerosols and Delivery Devices in September 1999.
- 4) AARC implements it's grassroots legislative action plan beginning with a training program for affiliate leaders in May of 1999.
- 5) Professional advocacy to public consumer groups is emphasized for HOD members.
- 6) Recruitment in Respiratory Care Programs is an important nationwide priority. Applications and enrollment in programs has continued to decline since 1993.
- 7) The AARC BOD develops a new Strategic Plan, which is presented to the HOD by President-Elect Garry Kaufman.
- 8) Several AARC affiliates inform the HOD of serious financial difficulties, with the primary reason being reduction in vendor support at affiliate meetings.
- 9) Licensure/Credentialing of Sleep Lab personnel is a major issue in several affiliates.
- 10) Initial HOD discussion of NBRC plans for a re-credentialing mechanism, which needs to be implemented in 2000.
- 11) AARC reports on Human Resource Survey currently being undertaken that will include Respiratory Therapists in all care settings. Initial estimates indicate a total of 120,000 nationwide.
- 12) A number of affiliates report on involvement at the state level with planning for use of tobacco settlement funds.
- 13) Resolution to have the AARC develop a “train the trainer” program for Patient Assessment Courses passed and sent to BOD. BOD appoints a task force to examine this proposal.

#### **1999 – Recurrent Issues/Resolutions**

- 1) First draft of BOD Policy/Procedure Manual revisions were distributed at joint session of HOD and BOD
- 2) ARCF International Fellowship Program sponsors 6 fellowships to America. Several fellows are introduced on the HOD floor in Las Vegas. Delegates presented donations totaling \$950 to this program.
- 3) AARC affiliates donate over \$4,000 to disaster relief fund. Greatest need for funds is expressed by North and South Carolina, as a result of a severe hurricane season in 1999.
- 4) AARC Transition Committee presents its plan to transition to the new Bylaws by the year 2000. BOD approves the plan.
- 5) Summit Award winners: Small Affiliate – South Dakota, Medium Affiliate – Virginia, Large Affiliate – Ohio
- 6) Catherine Everhart (Tennessee Society) selected as outstanding affiliate contributor for 1999.

#### **2000 - Landmark Issues, AARC President, Garry W. Kauffman**

- 1) Key issue – Validating the science of Respiratory Care was accomplished by the acceptance of RC by Index Medicus. Blue Ribbon Panel: A new endowment funding mechanism was approved to finance the continuing support of research and investigation regarding the validation of the science.
- 2) Key Issue – Promote Respiratory Therapists and the AARC with intensive and revitalizing membership recruitment and retention program with focused initiatives on prospective students, current students, new members and lapsed members. The membership committee developed membership recruitment packages along with evaluating the benefits and services of the AARC.

- The AARC BOD and HOD members accepted the challenge to personally connect one on one with new AARC members and lapsed members to discuss membership.
- 3) The Human Resource Survey was accomplished, with a new goal to identify, for the first time, the care settings that Respiratory Therapist practice in as well as update data on our professionals from that obtained via our initial survey.
  - 4) The AARC establishes the Political Action Contact Team within each state.
  - 5) New collaboration with American Institute of Life Threatening Illnesses.
  - 6) CPG expansion and refinement with evidence-based format and inclusion of outcome metrics.
  - 7) Local Medical Review Policy efforts to rescind those policies involving RTs in SNFs and promotion of those policies that would establish outpatient pulmonary rehabilitation programs.
  - 8) Expanded cultural diversity programming at Summer Forum and International Congress, coupled with additional print and electronic media marketing.
  - 9) Established liaison with American Association of Critical Care Nurses, resulting in increased collaboration and speaker exchange program.
  - 10) Delphi study initiated by Student Subcommittee of the Education Committee with goal to identify the desired role of the Respiratory Therapist in 2010.
  - 11) NCRC's Recredentialing Commission are continuing its efforts to develop recommendations regarding the development of a mandatory continuing Competency program.
  - 12) Achieved grant from the EPA to lead a multi-center asthma trigger study for children.
  - 13) Updated and expanded AARC Website, to include multimedia features. Initiated Website CEU program.
  - 14) Initiated project to attain warrant officer status for RTs in the military.
  - 15) Communication with College Board and ACT to include "RT" on PSAT.
  - 16) Communication with the National Research Council for Colleges & Universities to add RT as a career option on their database.
  - 17) The AARC lead multi-organizational initiative to increase pulmonary-specific RUG's reimbursement. 24% increase in reimbursement for pulmonary-related RUG's obtained.
  - 18) Investigated feasibility of program expansion via electronic and/or site-specific provision to increase enrollment and do so in a cost-effective manner.
  - 19) Education continues with Disease Management Courses, the ALA Asthma Educator Certification Project, the Spirometry Course, the Consensus Conferences and the Professors' Rounds.

#### **2000 – Recurrent Issues/Resolutions**

- 1) ARCF International Fellowship Program continues to host the fellowships to America. Delegates again presented donations to this program.
- 2) AARC affiliates continue to donate to the disaster relief fund.
- 3) Support of CO and NC state societies to achieve licensure and support of IN to upgrade certification to licensure.
- 4) Computer-Based testing was implemented by the NBRC and continues to be monitored carefully by an environmental survey.
- 5) Complete review and update of all Position Statements.
- 6) The first installment from the Tobacco Industry financial settlement started to flow into the states.

#### **2001 – Landmark Issues, AARC President, Carl Wiezalis**

- 1) Key issue – Membership is the top priority – make it personal and professional. Professionalism is not an all or nothing concept. Public and community service by RTs is also a priority.
- 2) Membership being of high priority – The AARC is beginning a series of ads to recruit new members. The hope is that the state societies will also undertake vigorous recruitment efforts as well.
- 3) Key Issue – COPD awareness and partnering with the National Lung Health Education Program (HLHEP) including primary care physicians is a major focus for all of us this year.

- 4) Letter was submitted to President Bush to name October as COPD awareness month.
- 5) COPD awareness needs to go to each state and be presented at each state meeting.
- 6) Key Focus – Dues increase to meet budgetary and legislative needs was an organizational topic.
- 7) The AARC Website will be updated with a “Join the AARC” button on the front page.
- 8) As of 2002, the NBRC states there will be no more admissions to one-year programs. One-year grads will have until 2005 to take the test. Competency changes are ongoing with 1st reading in April and second reading to be in December. Requirements will be 30 hours in 5 years.
- 9) Initiated project to attain warrant officer status for RTs in the military. Committee assigned to continue these efforts.
- 10) For both State and Federal legislative and regulatory issues, Pact members continue to be of critical importance in advocacy efforts.
- 11) Joined EPA in several meetings – current research project on indoor air pollution and its impact on asthma along with a videotape including RTs and a new Asthma Speaker’s Kit.
- 12) AARC continuing efforts to have respiratory therapists recognized in the Medicare home health services benefit – met with congressional offices and initiated a letter-writing campaign.
- 13) AARC is preparing comments on the Proposed Rule from The Centers for Medicare and Medicaid Services (CMS) – concerning standard of practice concurrent therapy being done.
- 14) Unlicensed Assistive personnel issues have developed with physicians wanting to use more of them.
- 15) Boma’s activities have centered around guidance and development of Position Statements regarding Respiratory Therapy Protocols, Home Respiratory Care Services and Telehealth and Respiratory Therapy.

#### **2001 – Recurrent Issues/Resolutions**

- 1) ARCF International Fellowship Program continues to host the fellowships to America. Delegates again presented donations to this program.
- 2) AARC affiliates continue to donate to the disaster relief fund.
- 3) Nevada upgraded their certification law to full licensure. Only 6 states are not regulated. Many other states amended their licensure laws with success this year.

#### **2002- Landmark Issues, AARC President Margaret Traband**

- 1) AARC released White Paper on the practice of Concurrent Therapy.
- 2) AARC Political Action Contact Team met in Washington DC for the first time in April 2002. PACT members met with Congressman on Capitol Hill to include Respiratory Therapists under the Medicare home health benefit.
- 3) Sam Giordano receives the Jimmy A Young medal.
- 4) Indoor Air Quality/ Asthma Initiative workshop sponsored by the Environmental Protection Agency through the ARCF.
- 5) Sam Giordano is appointed to the Board of the US COPD Coalition.
- 6) AARC names Bill Dubbs Associate Executive Director for Management and Education and announces the new position of Associate Executive Director for Operations to be filled by Garry Kauffman.
- 7) NECA- National Emphysema COPD Association is a patient driven organization for COPD patients.
- 8) ATS releases statement endorsing the position that acute respiratory care services should be delivered primarily by respiratory care practitioners.
- 9) AARC launches media campaign on COPD Awareness featuring comedian Robert Klein.
- 10) AARC offers first Asthma Educator Certification Preparation course in Cleveland, OH.
- 11) AARC joins coalition with other allied health organizations to allied health staffing shortage issues in Congress.

### **2002-Recurrent Issues/Resolutions**

- 1) HOD participated in two focus group sessions: a) RT student recruitment, b) Best Affiliate Practices, c) transition from revenue sharing to profit sharing, and d) HOD participation with possible term limits.
- 2) HOD collected \$2,350 for the Disaster Relief Fund.
- 3) Online surveys were conducted concerning market demand for examination preparation courses. Approximately 2,000 members from the Management, Continuing Care/Rehab, Diagnostics and Pediatric sections were surveyed via email and asked to indicate their degree of interest in attending workshops to prepare them to take certification examinations for asthma educator and Polysomnography credentialing.
- 4) 806 programs have been approved for CRCE so far this year, which is a record number. A significant number of these were internet-based.
- 5) Retention and recruitment of members continues to be a challenge. New membership ad campaign tag line: "We're fighting for a Better Profession. Are You With Us?"
- 6) HOD Chartered Affiliate Summit Award was revised and put on line.
- 7) Mailing to non-member technical directors resulted in 95 new members.

### **2003-Landmark Issues, AARC President David Shelledy**

- 1) Emphasis continues on membership. AARC produced a recruitment video "The Magic of Membership" and initiated the Membership Ambassador program.
- 2) The AARC "Webcast Central" developed to provide timely continuing education programs.
- 3) Public relations efforts include PSAs with Robert Klein and COPD screenings at Yankee Stadium with Roger Clemons.
- 4) AARC moves to a new office building in November
- 5) CoARC achieved approval for RC educational programs to add an optional certificate in polysomnography.
- 6) AARC establishes liaison with American Association of Critical Care Nurses to work on areas of common interest.
- 7) In July 2003, Rep Rick Renzi (AZ) introduced HR 2905 to recognize RT under the Medicare Home Health benefit. Seventeen Congressmen signed on as co-sponsors.
- 8) AARC issues white paper on the value of the RRT Credential.
- 9) AARC initiates program to recognize Centers of Excellence in Respiratory Care.
- 10) AARC releases Guidance Document on the Scope of Practice.
- 11) NBRC/AARC/CoARC releases "Respiratory Care: Advancement of the Profession Tripartite Statements of Support".
- 12) AARC obtains seat on American Medical Association committee with responsibility for CPT coding.
- 13) The first Lung Health Day observed during Respiratory Care Week. A new consumer website is activated [YourLungHealth.org](http://YourLungHealth.org).
- 14) NBRC considering a time limit for graduate eligibility for the Advanced Level Examination (RRT).
- 15) New online method for inputting CRCE is piloted at International Congress in Las Vegas.
- 16) AARC part of coalition supporting the Allied Health Reinvestment Act to address personnel shortages.

### **2003 – Recurrent Issues / Resolutions**

- 1) The proceedings of the HOD meeting made available in CD format including minutes, Delegates Handbook, and officer/organization/committee reports.
- 2) In Orlando, focus sessions on the value of the RRT credential and AARC and affiliates relationships.

- 3) Discussion of Revenue Sharing Agreement sent to State Society Presidents. After receiving input from HOD and Presidents, a revised Revenue Sharing Agreement to be sent to society Presidents.
- 4) The first reading of the AARC Bylaws revisions increasing terms for AARC officers to two years is passed by HOD.
- 5) HOD utilizes the electronic vote process.
- 6) The Summit Award is presented to the Arkansas Society.
- 7) Jacque Coons receives Outstanding Affiliate Contributor Award.
- 8) Claude Dockter is recognized as Delegate of the Year.
- 9) HOD resolution establishing a revenue sharing model rewarding membership recruitment and retention.

#### **2004 Landmark Issues – AARC President Janet Boehm**

- 1) AARC Membership surpasses 37,000.
- 2) Electronic dues payment system implemented.
- 3) HB 2905 gains 37 co-sponsors and SB 2707 introduced by Senator Trent Lott.
- 4) Revision of AARC Uniform Reporting Manual is completed and available in CD format.
- 5) AARC challenges revised CDC guidelines related to infection control of nebulizers; as a result guideline changed back to original wording.
- 6) The 50th International Respiratory Congress held in New Orleans, Louisiana.
- 7) Efforts begin to convert AARC CPGs to evidence based.
- 8) Quality Respiratory Care Recognition program expanded to include home care organizations.
- 9) Michael Mark appointed Director of Distance Learning.
- 10) Introduction of Allied Health Reinvestment Act (HR 4016/ SB 2491).
- 11) AARC joins US COPD Coalition as only non-physician, non-governmental organization represented on Executive Committee.
- 12) Congressional COPD Caucus formed focusing on CDC data collection for COPD, FAA regulations on air travel with supplemental oxygen and CMS coverage of Pulmonary Rehab.
- 13) AARC participates in the NHLBI workshop on COPD.
- 14) AARC forms Polysomnography section.
- 15) NBRC changes policies placing time limits on RRT exam eligibility and allowing Entry level exam attempts 30 days prior to graduation.
- 16) Public Relation efforts include “60 Second Check-up” radio announcements, national AARP meeting exhibits, “Ask Dr. Tom” Petty on YourLungHealth website, and student recruitment.

#### **2004 Recurrent Issues / Resolutions**

- 1) AARC Revenue Sharing Agreement with chartered affiliates initiated.
- 2) Alabama, Vermont, Michigan all achieve state licensure. 48 states now have legal credentialing. Colorado faces recommendation from Dept. of Regulatory Agencies to rescind licensure.
- 3) Polysomnography community continues legislative efforts for exemptions from RT licensure laws.
- 4) HOD Resolutions Tracking System prepared identifying status of past 3 years resolutions.
- 5) Vail focus groups address streamlining of HOD operations.
- 6) AARC Bylaws revision passes second reading.
- 7) Summit Award is presented to the North Carolina Society.
- 8) Debbie Fox (KS) receives Outstanding Affiliate Contributor award.
- 9) Jerry Bridgers (MS) is recognized as Delegate of the Year.

#### **2005 Landmark Issues – AARC President John D. Hiser**

- 1) The AARC, along with it’s members and affiliates, responded to the recent natural disasters with record giving to the AARC Disaster Relief Fund

- 2) AARC conducts Human Resources Survey 2005.
- 3) AARC PACT launches its 435 Plan – the intent to have 2 therapists and 1 consumer advocate for each of the 435 US congressional districts.
- 4) AARC engages the services of Miriam O’Day, of Miriam O’Day and Associates, to be the Director of Legislative Affairs, while continuing with the retention of Muse and Associates for CMS related activities.
- 5) Legislation to recognize the services of respiratory therapists under the Medicare Home Health Services benefit reintroduced as HB 964.
- 6) S1440 is introduced in the Senate – this is a bill to amend the Social Security Act to provide coverage for cardiac and pulmonary rehabilitation services.
- 7) Allied Health Reinvestment Act reintroduced as HR 215/ SB 473.
- 8) Legislation to restrict the use of nebulizers for use in aerosolizing alcohol was introduced as HR 613. Numerous states introduced state legislation of similar nature.
- 9) S.1932, the Deficit Reduction Act, was introduced with language in the bill that would potentially require the patients to become responsible for the maintenance and repair of their home oxygen equipment. The AARC activates its 435 Plan in opposition to this legislation.
- 10) The CDC agrees, after request from Congressional COPD Caucus, to include a COPD question on its annual National Health and Nutrition Examination Analysis Survey.
- 11) FAA issues final regulations that will permit airlines to allow portable oxygen concentrators on board flights. The DOT has issued a proposed rule that would require the airlines to allow oxygen dependent passengers on board who use the two approved portable concentrators.
- 12) Medicare began a program of coverage of a number of smoking cessation sessions to qualified beneficiaries.
- 13) Quality Respiratory Care Recognition program expanded to include Long Term Care Providers.
- 14) AARC launches the “I am the AARC” campaign.
- 15) The Sleep Section became a new specialty section this year, along with three new Roundtables, Disaster Response Roundtable, Neuromuscular Roundtable, and Tobacco-Free Lifestyle Roundtable.
- 16) US Pharmacopeias requests AARC to identify respiratory therapist to serve on committee reviewing pulmonary disease medications.
- 17) AARC assists US Department of Human Services in identifying respiratory therapist volunteers to serve as a part of a response team to national emergencies.
- 18) AARC, with support of National Lung Health Education Program, works on spirometer review program, office spirometry education program, and spirometry certificate of achievement.
- 19) HOD establishes an Ad Hoc Committee on Affiliate Best Practices
- 20) The AARC offers a new communication avenue to the affiliate – State affiliates can email their members via the AARC Executive Office
- 21) The AARC initiates two and three year membership plans.
- 22) The NBRC approves a \$40 discount for AARC members taking the Registry exam
- 23) The NBRC approves the CRT-to-Registry admission policy change
- 24) North Dakota implements a reciprocity provision in its practice act.
- 25) AARC Elections Committee recommends on-line, web-based voting process.
- 26) AARC Management Section completes Benchmarking Project.
- 27) AARC announces an on-line RRT Review Course.
- 28) RRT named to the Medicare Coverage Advisory Committee (MCAC) which determines Medical Necessity guidelines for Medicare Coverage.
- 29) The ARCF awards the first Hector Leon Garza, MD Achievement for Excellence in International Respiratory Care to Dr. Hector Leon Garza, President of the Asociación Mexicana de Terapia Respiratoria A.C.

## **2005 Recurrent Issues / Resolutions**

- 1) AARC Revenue Sharing Agreement signed by 40 chartered affiliates.
- 2) Polysomnography community continues legislative efforts for exemptions from RT licensure laws.
- 3) Summit Award is presented to the Georgia Society.
- 4) Jeanette Harvin (MD/DC) receives Outstanding Affiliate Contributor award.
- 5) Frank Salvatore (Connecticut) is recognized as Delegate of the Year.

**2006 Landmark Issues / Recurrent Issues / Resolutions - AARC President Michael Runge**

- 1) The Respiratory Care celebrated 50 consecutive years of publishing the science, technology, ethics and art of Respiratory Care.
- 2) CMS' Quality Services for Home Care Standards referenced the AARC Clinical Practice Guidelines.
- 3) AARC released the document, "The Guidelines for Acquisition of Ventilators to Meet the Demands for Pandemic Flu and Mass Casualty Incidence".
- 4) AARC continues to advocate for our patients and our respiratory therapists in Washington, D.C.
- 5) AARC developed a list of "100 Reasons" to belong to the AARC.
- 6) AARC received a grant to plan and implement a training program for the respiratory therapists who have been accepted for part-time employment by the department of Health and Human Services.
- 7) DME Quality Standards: All DMEs participating in Medicare will, at some point in the near future, have to be accredited by a CMS organization. This is the first time an AARC document has been woven into a federal Medicare policy.
- 8) CMS created two new codes that will provide hospitals treating ventilator patients with septicemia a higher level of reimbursement for those requiring mechanical ventilation for 96 hours or more.
- 9) The Office of Mass Casualty has been directed by the Department of Human and Health Services to recruit a minimum of 200 respiratory therapists who will agree to become part of the federal government's emergency medical response team.
- 10) The 435 Plan worked on getting greater coverage for the 435 congressional districts.
- 11) HB 964 and S1440 bills will need to be reintroduced in Congress in 2007.
- 12) AARC continues to work on challenges regarding sleep/polysomnography and EMT/Paramedics.
- 13) The State Government Affairs Committee was formed to assist State Societies with state legislative and regulatory challenges and opportunities.
- 14) NBRC mailed invitations to participate in the personnel survey for the development of a specialty examination for respiratory therapists performing sleep disorder testing.
- 15) NBRC has updated test specifications for the Pulmonary Function Exam.
- 16) The first E-Vote for the 2006 election process was very successful.
- 17) The HOD created two new standing committees of the House: Legislative Affairs Committee and Affiliate Best Practices Committee.
- 18) The Summit Award was presented to the Maryland-DC Society for Respiratory Care.
- 19) Karen Schell (Kansas) was presented the Outstanding Affiliate Contributor award.
- 20) Thomas Lamphere (Pennsylvania) was recognized as the Delegate of the Year.

**2007 Landmark Issues / Recurrent Issues / Resolutions - AARC President Toni L. Rodriguez**

- 1) The AARC is 60 years old!
- 2) The Membership Ambassador Program was eliminated.
- 3) The RT in 2012 Committee was established. Later amended to be The RT in 2015.
- 4) The AARC Bylaws changes were approved.
- 5) The 435 Plan continues to gain momentum throughout the U.S.
- 6) Resolution to develop a list of competencies and equipment as a guideline to prepare for Pandemic or Mass Casualty situations – assigned to an AARC ad hoc committee.

- 7) Resolution to add a discussion “blog” for HOD discussion of resolutions prior to the Meetings – referred to the Executive Office.
- 8) Set up a Moderate (Conscious) Roundtable.
- 9) Ten applicants were accepted for the International Fellowship Program.
- 10) The Executive Office will survey the state affiliates for interest in online voting.
- 11) Membership topped 45,000.
- 12) “60Second Checkup Program” was initiated for radio tips on pulmonary health.
- 13) High school guidance counselors have made over 50 requests for the High School Project.
- 14) New version of Life and Breath video was written and produced. 300 copies sold.
- 15) HR3968 was introduced -- Medicare B reimbursement for RTs with bachelor’s degrees
- 16) Baccalaureate RTs are eligible to join the Public Health Services Commissioned Officer Corp.
- 17) HOD adopted changes to the Delegate Handbook.
- 18) NBRC credentialed the 100,000<sup>th</sup> RRT this year.
- 19) The state affiliates continue to donate to the Disaster Fund and the ARCF.
- 20) Roy Wagner (Texas) was recognized as the Delegate of the Year 2007.
- 21) John Blewett (New Mexico) was awarded the Outstanding Affiliate Contributor for 2007.
- 22) Doug McIntyre (Louisiana) was nominated for AARC Life Membership.
- 23) The Summit Award was presented to the North Carolina Society for Respiratory Care.

## HOUSE STATISTICS

The total number of HOD meetings, location and year(s) are as follows:

**Total Number ----- 72**

<b>Location</b>	<b><u>Year(s): 19--(&amp; up)</u></b>
Anaheim, CA	75, 81, 89
Atlanta, GA	73, 78, 85, 91, 98
Boston, MA	66
Cincinnati, OH	00
Dallas, TX	74, 80, 86
Dearborn, MI	81
Houston, TX	68
Kansas City, KS	69, 80, 83
Keystone, FL	02
Las Vegas, NV	72, 78, 87, 94, 99, 03, 06
Los Angeles, CA	67
Miami, FL	76
Naples, FL	90, 92, 96, 98, 01
Nashville, TN	93
New Orleans, LA	70, 77, 82, 90, 97, 04
Niagara Falls, NY	83
Orlando, FL	88, 95, 03, 05, 07
Philadelphia, PA	71
Phoenix, AZ	84, 97, 99, 06
Reno/Sparks, NV	85, 07
St. Petersburg, FL	82, 84, 86, 87, 89, 94
San Antonio, TX	92, 01, 05
San Diego, CA	96
San Francisco, CA	88
Scottsdale, AZ	79
Tampa, FL	02
Vail, CO	91, 93, 95, 00, 04
Washington, DC	79

The House has convened nine (9) times in June, twenty-three (23) times in July, one (1) time in August, seven (7) times in October, twenty (20) times in November, and twelve (12) times in December.

Average attendance from 1966 through 1989 was 43 delegations. Average attendance from 1980 through 1989 was 45 delegations. Average attendance from 1990 through 2007 was 49 delegations.

<u>YEAR</u>	<u>TOTAL AARC MEMBERS</u>	<u>CHAIRMEN</u>	<u>SPEAKERS</u>
1947	59	----	----
1955	177	----	----
1958	600	----	----
1961	930	----	----
1962	1,100	----	----
1963	1,300	----	----
1964	1,744	----	----
1966	----	F. B. Hertenstein	Robert H. Miller
1967	3,209	F. B. Hertenstein	Robert H. Miller
1968	4,500	F. B. Hertenstein	Robert A. Ditmar
1969	5,147	F. B. Hertenstein	Robert R. Weilacher
1970	7,934	F. B. Hertenstein	James A. Liverett, Jr.
1971	9,098	Thomas A. Barnes	Francis Bryant
1972	13,155	Barry S. Anderson	James S. Allen
1973	17,035	Gary L. Gerard	James S. Allen
1974	23,081	Leo J. Pollock	Robert L. Knosp
1975	23,448	John D. Robbins	Houston R. Anderson
1976	20,005	Cortez Bundley	Thomas A. Barnes

(Beginning in 1977, the HOD no longer had Speakers)

**DELEGATE OF THE YEAR**

1977	19,666	Christopher Kennedy	
1978	18,722	James A. Liverett, Jr.	
1979	18,796	Allen B. Saposnick	
1980	18,664	William Givens	
1981	21,619	Kanute Parker Rarey	
1982	24,162	Melvin G. Martin	Merl Wallace
1983	25,621	Douglas Jon McDaniel	
1984	24,786	Michael Lee Mark	
1985	25,233	W. Furman Norris	Tommy Rust
1986	25,058	Jerry Luedke	James Smoker
1987	26,217	Robert R. Fluck	Carl P. Wieszalis
1988	26,962	Tommy Rust	
1989	27,191	Larry H. Conway	Wayne Lawson
1990	29,190	Ross L. Bowers	W. Terry LeCroy

(Beginning in 1991, the HOD changed the title of "Chairman" to "Speaker")

1991	32,637	Paul R. Massengill	J. Michael Thompson
1992	35,117	John D. Hiser	Richard P. Larson
1993	35,930	Melvin A. Welch, Jr.	Shelley C. Mishoe
1994	36,580	Beth Green-Eide	Patricia A. Doorley
1995	35,871	J. Michael Thompson	George W. Gaebler
1996	35,785	Terrance Gilmore	Patricia K. Blakely
1997	35,562	George W. Gaebler	Michael W. Runge

1998	36,708	H. Fred Hill	Kenneth E. Thigpen
1999	30,512	Pat Munzer	Toni L. Rodriguez
2000	30,110	Kenneth Thigpen	Deanna Webster
2001	29,974	Jonathan Lee	Janyth Bolden
2002	29,574	Ruth Krueger	John Blewett
2003	33,093	LaDawn Reynolds	Claude Dockter
2004	37,033	Thomas Striplin	Jerry Bridgers
2005	36,977	Claude Dockter	Frank Salvatore, Jr.
2006	42,439	Denise Johnson	Thomas Lamphere
2007	44,666	Debbie Fox	Roy Wagner
2008		Frank Salvatore, Jr.	