



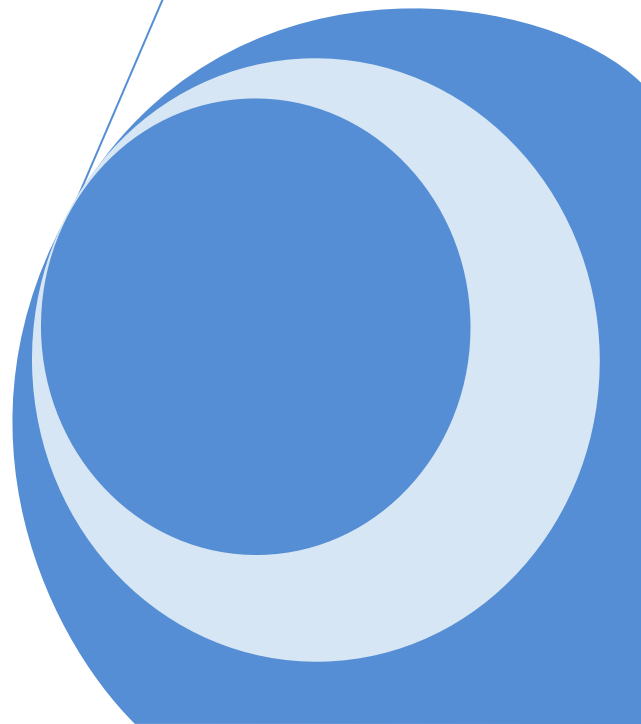
## **American Association for Respiratory Care**

### **House of Delegates Historical Information**

The House Guide and Policy Manual continue to be the official documents concerning the function of the House of Delegates. This Historical Information Handbook will assist you in your orientation to the House of Delegates as related to the development of the Association and House of Delegates. Information has been consolidated to a format that is easy to read. The Handbook is presented as a reference for information only.

**Approved: July 2020**

**Revised: August 2020**



**Disclaimer**

This historical handbook is created for members of the American Association for Respiratory Care's House of Delegates. The information contained in this document is for the private and confidential use of Delegates who are duly elected by the members of their state society. All information contained herein is for the express purpose of the intended recipient.

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## Resolutions History Tracking: Since 2008

Access to the resolutions history is available at: [http://c.aarc.org/state\\_society/aarc\\_hod/](http://c.aarc.org/state_society/aarc_hod/)

YEAR	RES#	STATE	HOD ACTION	BOD ACTION	STATUS
<a href="#">2019</a>	84-19-1	CT, VT, NH, MN, TX, HI, MO	Carried	Carried	Referred to AARC Ex Off. Under Development
The AARC will create an Advanced Researcher Track in the Leadership Institute by the end of year 2020.					
2019	84-19-2	CT, VT, NH, MN, TX, HI, MO	Carried	Carried	Referred to AARC Ex Off. Under Development
Resolve that the AARC creates a Research Toolkit aimed at the practicing Respiratory Therapist in the hospital setting to acquire, perform, assess and become a consumer of research in the field of Respiratory Care by the end of year 2020.					
2019	84-19-3	CT, VT, NH, MN, TX, HI, MO	Carried	Carried	Referred to AARC Ex Off. Under Development
Resolve that the AARC creates a tool kit aimed at students to learn how to acquire, perform, assess and become a consumer of research in the field of Respiratory Care by the end of year 2020.					
2019	92-19-7	IA, KS	Carried	Carried	
Resolve that the AARC provide students who attend the Summer HOD Student mentorship program with a complimentary registration to the Winter International Congress meeting each year beginning with the Summer 2020 HOD students.					
2019	92-19-8	IA, KS	Carried	Carried	
Resolve that that AARC will increase the annual budget for the HOD Student Mentorship Committee from the current \$2000/year to \$4000/year beginning with the HOD Summer meeting 2020.					
2018	39-18-1	OH, WY	Defeated		
The AARC will develop a Bi Annual reporting system for the Presidents of the state affiliates to complete during their tenure, to increase, organization, accountability, application of knowledge and utilization of resources to support the overall goals of the AARC.					
2018	39-18-3	WI, NC, ND, SD	Carried	Referred to executive committee.	
Resolved that the AARC work with NBRC to eliminate the low cut-score of the Therapist Multiple-Choice Examination.					
2018	39-18-4	FL, MD, IN, MN	Defeated		

YEAR	RES#	STATE	HOD ACTION	BOD ACTION	STATUS
Resolved that the AARC, in conjunction with state societies geographically close to Washington DC, form a group of volunteer “RT Minute Men” to go to legislators offices in person in response to opportunities and challenges.					
2018	39-18-5	MA, TX, CA, AR, IA	Defeated		
The AARC BOD update and revise the “Best Practice in Respiratory Care Productivity and Staffing” published in 11/8/2012.					
2018	39-18-6	MA, TX, CA, AR, IA	Carried as amended	Defeated – no cost	
The AARC BOD approve a request that for a participant who completes either the Management or Education course on the AARC University be given a complimentary membership into that specialty section for 1 year if not already a member of that specialty section.					
2018	39-18-7	MA, TX, CA, AR, IA	Withdrawn		
The AARC and NBRC develop an ethics course that is required for maintenance of their CCP and available to general membership and work with the state affiliates to develop pathways for the ethics course to be incorporated into a RRT’s licensure renewal.					
2018	39-18-9	CO, WY, IA, OH	Carried	Carried	
The AARC develop an affiliate financial assistance program to ensure all affiliates are able to send one representative to the annual Leadership Academy.					
2018	67-18-10	GA	Defeated		
Be it resolved the BOD select and publish the AARC meeting dates for the Summer Forum and the International Congress a minimum of 5 years in advance of each meeting.					
2018	67-18-11	GA	Carried	Defeated – no cost.	
Be it resolved the BOD authorize funds to provide wireless access in all BOD and HOD meetings.					
2018	67-18-13	MI	Carried	Referred to executive committee.	
The AARC work with the NBRC to end the offering of the CRT credential by the year 2025.					
2018	67-18-2	NY	Defeated		
Resolved that the AARC work with the National Board for Respiratory Care and the Commission on Accreditation for Respiratory Care require future respiratory therapy graduates from an associate degree program to obtain a baccalaureate or higher degree in respiratory care within ten (10) years of completing their associate degree, in order to maintain their RRT credentials.					
2018	67-18-12	GA	Carried	Referred to program committee.	

YEAR	RES#	STATE	HOD ACTION	BOD ACTION	STATUS
Be it resolved the BOD schedule a minimum of 4 months between the end of the summer HOD meeting and the start of the fall International Congress.					
2018	94-18-8	MI	Carried	Defeated – no cost	
Resolved that the AARC Board of Directors and the Executive Office reverse the decision to eliminate the practitioner competition and allow all therapists to compete in the AARC Sputum Bowl.					
2017	67-17-11	NY	Defeated		
Resolved that the AARC support states in obtaining legislation to require future respiratory therapy graduates from an associate degree program to obtain a baccalaureate or higher degree in respiratory care within seven (7) years of completing their associate degree, in order to maintain their license to practice.					
2017	67-17-10	NY	Defeated		
Resolved that the AARC continue the free student membership program currently offered, and that additional efforts be made to work with programs to convert more of these students to active membership prior to graduation, including but not limited to direct contact with Program Directors (PDs) and Directors of Clinical Education (DCEs) at important time points (e.g., when students begin the program, 180 days prior to graduation when conversion rates are lowest, etc), as well as presentations to PDs and DCEs from programs who have had success in converting graduates to active membership.					
2017	67-17-1	MT	Defeated		
Resolved that the AARC create an incentive benefit for RC programs that reward for achieving (50%) AARC membership of their graduates 1-month post-graduation.					
2016	67-16-4	LA, TX	Carried	Carried	Referred to EO / budget
Resolve that the AARC work in concert with the HOD Officers and the Delegate Assistance Committee to increase the assistance offered to affiliates and the needs of the HOD.					
2016	67-16-3	LA	Carried	Carried	
Resolve that the AARC develop a mechanism to encourage affiliates to become more involved with the mission of the AARC. Plan to include but not be limited to encouraging more affiliates to change their affiliate bylaws to allow their president to be seated as a delegate and attend HOD meeting.					
2016	67-16-2	OR	Defeated		
Resolve that the AARC HOD only meet once per year, prior to the fall AARC Congress. The AARC Bylaws state that only one HOD meeting per year is required.					

YEAR	RES#	STATE	HOD ACTION	BOD ACTION	STATUS
2015	No resolutions presented				
2014	78- 14 – 8		Carried		
Resolved, that the AARC Executive Office with the help of the Past Speaker, update the HOD Resolutions tracking grid on the Delegates Home page within 60 days after the last HOD meeting. Updates are to be posted within 60 days anytime there is a change in status made by either the BOD, HOD or EO for all open HOD originated resolutions.					
2014	57-14-1	MO	Carried	Carried	Sent back to HOD to develop policy. HD014 was created.
Resolved that the AARC create a financial assistance budget of \$2000 per year to support Respiratory Care Students attending the House of Delegates meeting.					
2014	94-14-2	OH	Carried	Carried	Referred to EO
Resolved that The AARC review and update the Code of Ethics and Professional behavior statement, to include specific language addressing unacceptable conduct related to intimidating and disruptive behaviors.					
2013	32-13-17	OR	Carried	Accepted FIO	NA
Be it resolved the AARC Board of Directors and Executive Office continue to collaborate with the Chartered State Affiliates and the NBRC to develop a strategic transitional plan, complete with timetable, to require minimum entry-level for respiratory therapist licensure to be the RRT credential.					
2013	35-13-17	ND	Carried	Accepted FIO	NA
Be it resolved the AARC Board of Directors collaborate with the CoARC, the CoBGRTE and the NBRC to develop a strategic transitional plan, complete with timetable, to require the minimum entry-level educational preparation of respiratory therapy program graduates to be the baccalaureate degree level. The strategic plan is to include model curricula to assist existing associate degree programs in formulating articulation strategies with baccalaureate degree granting institutions.					
2013	19-13-16	ND	Carried	Accepted FIO	NA
Be it resolved the AARC communicate with the CoARC and request the new accreditation Standards require all new programs seeking initial accreditation to grant, at minimum, the baccalaureate degree to its graduates, with the proviso that existing fully accredited associate degree programs may continue to function as long as they meet CoARC accreditation Standards and actively develop articulation mechanisms whereby graduates can pursue baccalaureate degrees relevant to the respiratory care profession.					
2013	36-13-15	SD	Carried	Accepted FIO	NA

YEAR	RES#	STATE	HOD ACTION	BOD ACTION	STATUS
Be it resolved the AARC Board of Directors collaborate with the CoARC, CoBGRTE and the NBRC to develop a strategic plan, complete with timetable, to develop Graduate Level Educational Programs equivalent to PA's CNP's, CRNA's and Anesthesia Assistants and develop a strategic plan to help the State Affiliates obtain the appropriate licensure for these Advanced Practice Respiratory Therapists in each of the States and Territories within the United States of America.					
2013	77-13-14	WA, RI	Carried	Carried	Enacted
Resolved that the AARC Board of Directors approve an annual recognition award to be entitled, The Bill Lamb Volunteer Award, presented at the national congress which recognizes a respiratory therapist who has demonstrated exemplary service as a volunteer.					
2013	62-13-02	CO	Passed	Passed	Enacted
Be it resolved that the AARC allocate sufficient funds to the Delegate Assistance Committee to allow Affiliates approved for assistance to receive an additional day of lodging and per diem at the winter meeting.					
2013	29-13-01	PA	Defeated	NA	Closed
Resolve that the AARC contact the NBRC and request a change to the NBRC's Continuing Competency Program to allow a therapist whose credential has expired to regain active status without re-examination by providing proof of completion of the 30 hour continuing education requirement during the five-year active credential period regardless of how long the credential has been expired.					
2012	16-12-12	FL	Defeated	NA	Closed
Resolve that any credentialed Registered Respiratory Therapist (RRT) actively enrolled in an AARC recognized and/or accredited advanced level educational program (e.g., Bachelors in Respiratory Therapy) holding Associate Member (Student Member) status be eligible to participate in Continuing Respiratory Care Education programs as a Student Member.					
2012	16-12-13	FL	Defeated	NA	Closed
Resolve that any credentialed Registered Respiratory Therapist (RRT) actively enrolled in an AARC recognized and/or accredited advanced level educational program (e.g., Bachelor's in Respiratory Therapy) is eligible to change their membership status to Associate Member (Student Member) with all rights and benefits provided to that level of membership.					
2012	16-12-15	OH	Passed	Passed	In process – being explored by Executive Office.
Be it resolved that the AARC investigate starting a public membership for patients and other interested parties.					
2012	16-12-14	OH	Passed	Passed	In process - referred to Research Roundtable



YEAR	RES#	STATE	HOD ACTION	BOD ACTION	STATUS
Be it resolved that the AARC investigate the formation of an apprenticeship Program in partnership with the ARCF, for Respiratory Therapists who would like to learn from established researchers.					
2012	23-12-01	NV	Withdrawn	NA	Closed
Be it resolved that the AARC develop a position paper deeming the administration of bronchodilators to hospitalized patients for off-label use as Medicare abuse and waste.					
2011	01-11-11	LA	Passed	For info	Closed
Be it resolved that the AARC establish a limit to the amount funded to members applying for disaster relief.					
2011	00-11-12	WI	Passed	For info	Closed
Be it resolved that the AARC HOD direct the AARC Bylaws Committee to amend the AARC Bylaws to change the status of the immediate Past Speaker of the AARC HOD to be a voting member of the AARC Board of Directors.					
2011	07-11-01	LA	Passed	Passed	Closed
Resolve that the AARC copy the States Delegates on all routine correspondences to Affiliate Board members including but not limited to follow up on revenue sharing checks which have not been cashed.					
2011	20-11-02	PA	Passed	Passed	In process
(And furthermore accepted FIO as House carried out their ad hoc committee studying this issue.)					
Resolve that the AARC BOD re-evaluate the decision to discontinue the National Sputum Bowl. Furthermore, this evaluation should include but not be limited to, exploring a change in program format along with all logistical and financial avenues in order to allow continuation of this honored tradition.					
2011	00-11-03	TX	Passed	Referred to Position Statement Committee	In Process
Be it resolved that the AARC formulate and distribute a position statement regarding the rising of free standing emergency rooms (FSER) and the need for Respiratory Therapist to be an integral part of the ER Team.					
2011	05-11-04	KS	Defeated	NA	Closed
Be it resolved that the AARC strongly consider a full time executive office position to act as the Chartered Affiliate Liaison dedicated to working on a daily basis to support all chartered affiliates with strategic planning, business plan development, contract assistance training/development of board members, website assistance, and committee mentorship to improve efficiency and effectiveness, financial management/monitoring, and membership recruitment/retention.					

YEAR	RES#	STATE	HOD ACTION	BOD ACTION	STATUS
2010	29-10-01	UT	Defeated	NA	Closed
Resolve that the AARC consider going on record in agreement with the NBRCs credential maintenance/renewal policy by supporting the philosophy that no respiratory therapist should renew a state respiratory care practice license without a valid, current NBRC credential.					
2010	94-10-02	NY	Passed	Referred to PE	Closed
Resolved that the AARC issue a White Paper or similar document on the importance of Respiratory Care Education Programs, which could be disseminated to states legislatures, local governments, governors, or any other interested parties where such programs are threatened with loss of funding and closure.					
2010	87-10-04	LA	Passed	Defeated	Closed
Resolved that the AARC investigate seeking outside grants and or funding to fund the AARC Disaster Relief Fund.					
2010	87-10-05	LA	Defeated	NA	Closed
Resolved that the AARC investigate utilizing AARC Disaster Relief Funds to reimburse otherwise unreimbursed expenses incurred by AARC member respiratory therapists who respond to assist in National Disasters.					
2010	87-10-06	LA	Withdrawn	NA	Closed
Be it resolved that the AARC provide a detailed report to the House of Delegates reflecting the source of donations to the AARC Disaster Relief.					
2010	87-10-07	LA	Withdrawn	NA	Closed
Resolved that the AARC revise its Disaster Relief Policy to permit access to these funds upon declaration by the AARC President and as approved by the AARC Board of Directors in response to catastrophic situations that are NOT declared a federal disaster.					
2010	87-10-20	LA	Passed	Referred to PE	Closed
Resolved that the AARC revise its disaster relief policy to allow the AARC President to consider activating the fund upon request of an affiliate president in the event of a state or local governmentally proclaimed state of emergency or disaster.					
2010	36-10-21	MN	Passed	Referred to PE	Closed
Resolved that the AARC consider writing a position paper to assist state affiliates work towards a provision in licensure language to allow for temporary license reciprocity for RT's transporting patients via an air or ground ambulance service.					
2010	43-10-22	NC	Passed	Defeated	Closed
It is proposed that additional criteria be added to the Quality Respiratory Care Department recognition. Specifically, the criteria should include criteria for management standards which state that the Respiratory Care Department Director/Manager is a qualified Respiratory Therapist.					

YEAR	RES#	STATE	HOD ACTION	BOD ACTION	STATUS
2009	16-09-15	PA	Passed	Passed	In process
Be it resolved that the AARC executive office explore and consider implementing a new discounted membership category for members who are over the age of 65.					
2009	94-09-16	CA	Defeated	NA	Closed
Be it resolved that the AARC will consult with chartered affiliates prior to offering programs that may duplicate or compete with programs offered by the state affiliates in order to support the profession and financial stability of both the AARC and its affiliates.					
2008	16-08-01	MN	Passed	Defeated	Closed
Resolved that the AARC indicate on the current affiliate membership report whether an individual member has provided an e-mail address, whether they opt to share the address and whether the address is active (no bounce back).					
2008	44-08-02	MN	Passed	Referred to EO for Report	Closed
Resolved that the AARC CRCE application process and member transcript be modified to separately break out the hours devoted to specific course content categories to ensure the usefulness of the transcript in reporting to state licensure boards.					
2008	06-08-03	PA	Defeated	NA	Closed
Resolved that the AARC increase membership dues \$5 beginning January 1, 2009.					
2008	22-08-04	HI	Passed	Refer back to HOD	Closed
Resolved that the AARC create an ad hoc committee to investigate and recommend the feasibility of creating an AARC student leadership initiative.					
2008	29-08-05	FL	Passed	Refer to President	Closed
Resolved that the AARC engage the NBRC in discussions aimed at reducing the significant cost barrier to participation in the registry credentialing program, with the ultimate goal being that the total cost to candidates qualified to participate in the Registry credentialing program not exceed that required of qualified candidates for participation in the Certification Credential Program.					
2008	94-08-24	NJ	Passed	Defeated	Closed
Resolved that the AARC provide the option of direct deposit of state affiliate's quarterly revenue sharing checks into affiliate's checking account.					
2008	80-08-25	FL	Withdrawn	NA	Closed
Resolved that the AARC Chartered Affiliates Handbook (latest edition 1/08) be revised to delete: Officers duties Sections: Treasurer line VII; Secretary, line X, and from the General Information Form, line #6 to no longer require the submission of budget information to the AARC. That the AARC cease requiring such information from the chartered affiliates, effective immediately.					

## Key Meeting Details: 1966 – 1979

The AARC 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 BOD action was outside the scope of this effort. Attention 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 counsel 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 simulation. 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.

## Key Meeting Details: 1980 – 1999

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.

### **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 Veterans Administration 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 speaker's 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 AARC Times 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 regulations 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 commends 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 1 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
8. Atlanta - approximately twenty countries represented.
9. First joint retreat of the Executive Committee of the AARC and the HOD officers.
10. First draft of a "white paper" to formally establish the role and responsibilities of the RCP in the discharge planning process introduced.
11. Installation of the IBM System 400 Computer completed at the AARC Executive Office.
12. 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 Guide.

### **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 do not require active employment in traditional definition of "Respiratory Care" or signature on the application of a Medical Director / Sponsor.

### **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 Computer 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.
15. Beth Green-Eide elected first female Speaker of the House.

## 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 Internet Website.
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 have 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 AAR 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 who 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**

2. 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.
3. AARC Strategic Planning Committee combined with the HOD Strategic Planning Committee as part of the ongoing streamlining of the infrastructure of the AARC.
4. Approval for 2 members of the HOD to serve on the AARC Strategic Planning Committee.
5. 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.
6. New AARC Bylaws approved after second reading at the fall 1998 meeting.
7. 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.
8. 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.
9. HOD Listserv began in 1998.
10. New computer system was approved for the AARC executive office.
11. Resolution passed directing AARC to establish an educational program leading to certification as an asthma educator.
12. 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**

2. 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.
3. Key issue – Declining membership in the AARC. The AARC Membership Committee develops a membership campaign to be initiated in March 2000.
4. ARCF sponsors a Consensus Conference on Aerosols and Delivery Devices in September 1999.
5. AARC implements its grassroots legislative action plan beginning with a training program for affiliate leaders in May of 1999.
6. Professional advocacy to public consumer groups is emphasized for HOD members.
7. Recruitment in Respiratory Care Programs is an important nationwide priority. Applications and enrollment in programs has continued to decline since 1993.
8. The AARC BOD develops a new Strategic Plan, which is presented to the HOD by President- Elect Garry Kaufman.
9. Several AARC affiliates inform the HOD of serious financial difficulties, with the primary reason being reduction in vendor support at affiliate meetings.

10. Licensure/Credentialing of Sleep Lab personnel is a major issue in several affiliates.
11. Initial HOD discussion of NBRC plans for a re-credentialing mechanism, which needs to be implemented in 2000.
12. 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.
13. A number of affiliates report on involvement at the state level with planning for use of tobacco settlement funds.
14. 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 Respiratory Care 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. NBRC's re-credentialing Commission is 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 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.

## Key Meeting Details: 2000 – current

The following is offered to the AARC House of Delegates (HOD) as a historical perspective during the turn of the century 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.

### 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 on 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. National Emphysema COPD Association (NECA) 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 examined market demand for examination preparation. 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 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.
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 Guide, 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 Your Lung Health 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 its 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 HR613. 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 Corps.
17. HOD adopted changes to the Delegate Guide.
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.

### **2008 – Landmark Issues / Recurrent Issues / Resolutions, AARC President Tim Myers**

1. 48,536 total membership
2. Sherry Milligan of the Executive Office presented information on Votenet for Affiliates considering electronic voting.
3. The Aerosol Device Book has been downloaded 150,000 times and requests for foreign language translations have been received.
4. The Connecticut Society was awarded the Outstanding Affiliate Award.
5. Susan Rinaldo-Gallo was nominated for Life Membership.
6. Dr. Russell Acevedo was nominated for Honorary Membership.
7. Suzanne Bollig (KS) received the Outstanding Affiliate Contributor Award.
8. The Orientation Committee recommended that the orientation video and parliamentary role-playing video be updated.
9. CMS will start rating skilled nursing facilities.
10. Speaker Salvatore and State Government Affairs lobbyist challenged affiliates to change just

one thing in their state to improve patient advocacy.

11. Six International Fellows have been selected.
12. Resolution #44-08-02 requested the AARC modify the CRCE process so that credential-specific content can be identified.
13. Resolution #22-08-04 asked the AARC to create an ad hoc committee to investigate the feasibility of creating a student leadership initiative.
14. Cheryl West reported that the VA will not consider amending its qualification standards to require RTs be licensed in the states in which they practice until all states have licensure.
15. A resolution that the AARC provide a blog on the website for resolution discussion was closed. However, the AARC will continue to explore the use of blogs. (This led to the creation of AARConnect).

### **2009 – Landmark Issues / Recurrent Issues / Resolutions, AARC President Tim Myers**

1. 49,516 total membership
2. For the first time, the HOD used e-vote to approve committee chairs, co-chairs, and committee charges. These were ratified at the summer meeting.
3. Bob Milish (WI) was awarded the Outstanding Affiliate Contributor Award.
4. Dr. Russell Acevedo was nominated for Honorary Membership.
5. Debbie Fox was nominated for Life Membership.
6. Issues of scope of practice in sleep labs were raised. The polysomnography (PSG) community and the American Academy of Sleep Medicine (AASM) are, in some states, attempting to require additional credentialing of RTs who work in sleep labs.
7. The Department of Health and Human Services has asked the AARC to assist with a national ventilator survey. (This was later recognized as an outstanding job by the AARC and Affiliates).
8. CMS continues to evaluate the RT's role in Medicare Part B and has published rules to define respiratory therapists in the CORF setting.
9. The second of three conferences on the RT of 2015 and Beyond, Educating the Respiratory Care Workforce, was held.
10. 6 IRCF Fellowships will be awarded.
11. The AARC EO determined that it is not financially feasible to directly deposit Affiliates' revenue-sharing funds.
12. The Summit Award application and evaluation process were updated.
13. The COPD Educator course will soon be online. The Asthma Educator course has been very successful.
14. Karen Stewart is elected AARC President-Elect. Frank Salvatore is elected Director at Large.
15. The Congressional Budget Office's score on the Medicare Part B initiative is prohibitively high, killing the hope that RTs will be able to provide independent care in the outpatient setting.
16. Billy Lamb (MO) is elected Speaker-Elect.
17. The HOD will now require a Conflict of Interest statement.
18. Jim Lanoha (LA) is chosen Delegate of the Year.

### **2010 – Landmark Issues / Recurrent Issues / Resolutions, AARC President Karen Stewart**

1. 51344 total membership
2. AARC Disaster Relief Funds were disbursed as a result of flooding in Nashville.

3. Michigan received the Summit Award.
4. Donald Carden (KS) is awarded the Outstanding Affiliate Contributor Award.
5. Sukdev Grover, MD is nominated for Honorary AARC membership.
6. Patricia Munzer is nominated for AARC Life membership.
7. Speaker Lamphere convenes a group to evaluate the work and effectiveness of HOD committees. He charges all committees to evaluate their purpose.
8. Hawai'i achieves state licensure!
9. The AARC develops a Virtual Lobby Day to coincide with the PACT trip to Washington. Members may log on to Capitol Connection to send emails to their legislators.
10. HR 3790 comes before the House of Representatives. This bill is about competitive bidding for DME services.
11. The AARC partners with the Drive4COPD program to perform COPD screening. The goal is to screen 1 million people. Affiliates competed with one another in the following areas (winners in parentheses): Highest ratio of screens to members (WV); highest ratio of screens to people over 35 to members (WV); most screenings completed (PA).
12. The AARC will form a committee to examine offering a reduced membership rate for our aging/retired members.
13. The HOD requests the AARC develop a policy to address actions to be taken if an Affiliate's bylaws are out of compliance with the AARC bylaws.
14. AARC BOD agrees to allow AARC President to consider activating the Disaster Relief fund upon request of an Affiliate President.
15. Karen Schell (KS) is chosen as the Delegate of the Year.

#### **2011 – Landmark Issues / Recurrent Issues / Resolutions, AARC President Karen Stewart**

1. 52,800 total members – active and student.
2. Delegate Handbook was revised and approved.
3. Ad hoc committee formed to explore changes to the Sputum Bowl format to allow its continuation. (Response to a Resolution)
4. AARC developing white paper regarding the free-standing ERs. (Response to a Resolution)
5. AARC-BOD voted to create discounted membership for those over age 65 with 20 years of continued AARC membership. (Response to a Resolution)
6. HOD continues to provide support to the International Fellowship Program.
7. 5 International Fellows here this year.
8. HOD continues to provide support to the Disaster Relief Fund.
9. Increased number of Disaster Relief requests because of the increased disasters throughout the U.S.
10. AARC BOD passes Chartered Affiliate Policy CA.003 in Nov. This policy defines the consequences if Affiliate Bylaws have not been submitted for review within 5 years and if the two litmus tests are not met: AARC Active Members must automatically be Active members of the Society; non-AARC members are not allowed to vote for the Society's BOD.
11. Delegate of the Year – John Steinmetz (NV)
12. 2011 Summit Award – Florida Society
13. Outstanding Affiliate Contributor Award – Meg Trump (KS)
14. Life AARC Membership – Suzanne Bollig (KS)
15. Honorary AARC Membership – M. (Duke) Johns III

## **2012 – Landmark Issues / Recurrent Issues / Resolutions, AARC President George W. Gaebler**

1. Total AARC membership is at a plateau of 52,000 this year.
2. 2012 Membership Drive targeted 759 non-member department managers.  
Active membership campaign will continue through 2013
3. Medicare Part B initiative is being reworked to focus on COPD and disease management.
4. \$100,000 has been released by the Disaster Relief Fund since its inception.  
HOD continues to provide strong support for the Disaster Relief Fund.
5. International Fellowship Program is now administered by the ARCF instead of AARC.
6. Seven International Fellows for 2012.
7. De-licensing issues have come up in Michigan and Indiana.
8. Revision of the HOD Guide Book and Policy Manual was completed.
9. HOD and AARC Board meetings are now electronic.  
Progress and Transition efficiency surveys were completed on Survey Monkey.
10. Summit Award for 2012 – Washington State Society.
11. Outstanding Affiliate Contributor Award – Deborah Linhart (IL)
12. HOD Delegate of the Year – John Wilgis (FL)

## **2013 – Landmark Issues / Recurrent Issues / Resolutions, AARC President George W. Gaebler**

1. The winners of the Affiliate competition were: 1st Place-Pennsylvania, 2nd Place-Florida, and 3rd Place-California.
2. The largest percentage increase was Nevada at 23.6% followed by New Mexico and Mississippi.
3. Tony DeWitt will take over as Chair of the Judicial Committee, replacing Trish Blakely, who passed away.
4. Executive Director Update
  - a. Membership growth will remain a primary goal.
  - b. Advertising is expanding into digital environment.
  - c. Education products will remain a priority.
  - d. New website development continues, using a responsive design.
  - e. Benchmarking program will be reinvigorated.
  - f. Continue corporate sponsor program.

## **2014 – Landmark Issues / Recurrent Issues / Resolutions, AARC President George W. Gaebler**

1. HOD Delegate of the Year Award (Jerry Bridgers Award): Kerry McNiven
2. Student Participation in the HOD increased
3. Lifetime Membership to Deb Fox
4. Chartered Affiliate/Special Recognition Committee Award Recipients:
  - a. Outstanding Affiliate Contributor Award: John Hughes
  - b. Summit Award: Michigan
  - c. Bill Lamb Award: Jerry Bridgers
5. HOD Chartered Affiliate / Special Recognition Committee award nomination to President's Council:
  - a. Lifetime Membership: Susan Bollig
  - b. Honorary Membership: Robert Dutruch

## **2015 – Landmark Issues / Recurrent Issues / Resolutions, AARC President Frank Salvatore**

1. AARC to increase dues. First since 2001.
2. AARC Bylaws proposed changes discussed.
  - a. Recommendation 1, 4, 6, 7, 8, and 9 carried
  - b. Poll vote on recommendation 2 was conducted which resulted in the proposal defeated
  - c. Recommendation 3 and 5 were also defeated.
3. House of Delegates accept the selection of Dennis R. Wissing for the 2015 Bill Lamb Award.
4. International Committee
  - a. Thirteen individuals applied to be International Fellows for 2015. He noted that the number of applicants has decreased slightly over the past few years and the number of host applicants has decreased as well.
5. Chuck Menders Delegate of the Year

## **2016 – Landmark Issues / Recurrent Issues / Resolutions, AARC President Frank Salvatore Summer**

1. AARC Military Liaison Update
  - a. Affiliates are asked to identify an RT who has served our country to serve as their Military Liaison. 11 affiliates currently have an active military liaison.
2. Awards:
  - a. Summit Award – Texas Society for Respiratory Care
  - b. Bill Lamb Award – Anthony Everidge – Nevada
  - c. Outstanding Affiliate contributor – Sheri Tooley – New York
3. AARC Bylaws
  - a. First reading of the proposed changes.
  - b. All proposed changes passed.
  - c. Delegates addressed concern over the change to Article IV, Section 1(b) and Article VII. Section 3(b).
4. Specialty Sections
  - a. A few Specialty Section chairs reported dwindling members. They encouraged delegates to talk with members working or interested in a section to join.
  - b.
5. AARC President Report – Frank Salvatore
  - a. AARC is working with Institute for Patient Access- to create a document that supports “improving access to Respiratory Care for patients”, continue to work with state affiliates to demonstrate the impact RT can have on patient outcomes and patient safety.
  - b. AARC working with Leonard Nimoy family to increase awareness of COPD - documentary and includes RT.
  - c. APRT – Working on gap analysis. CoARC has a matrix in place. Working on state and federal levels.
  - d. BS Entry – There are 17 states that have no form of BS degree. 65 programs do offer BS degrees, where 88 AS programs do not. The AARC will gather data to assist the 88 schools to move toward transitioning to bachelor degree.
  - e. AARC White Paper is now AARC Issue Paper. Fact and evidence based.

- f. Get RT added to the new Connect Bill
  - g. Enhanced communication via AARC Connect Community per each state. Affiliate Boards will have direct email communication with their members to push messages out via moderator. Soft rollout to start. Will try going live by Hill Day 2017.
  - h. NIH - we had 2 representatives in March help to create the National COPD Action plan being created by the NIH.
  - i. Affiliate support AARC Exec. Office Survey asking if the Affiliates are willing to pay for Executive Board Services. Cost study will be out in the October meeting.
6. AARC Update – Tom Kallstrom
- a. Toolkit - Guide for RT's working in physician practice available on website.
  - b. AARC/CDC partnered on several projects – see AARC website
  - c. Patient Advocacy Summit – John Walsh Focus on COPD and CF. Billy Dawson will perform.

### Fall / Winter

- 1. Resolutions
  - a. 67-16-2 – much discussion. Defeated by voice vote.
  - b. 67-16-3 – much discussion. Carried by placard vote 26-23.
  - c. 67-16-4 – much discussion. Carried by placard vote 33 (majority).
- 2. House Awards and Recognition
  - a. Summit Award – Texas Society for Respiratory Care
  - b. Bill Lamb Award - Anthony Everidge – NV
  - c. Affiliate Contributor Award – Sheri Tooley – NY
  - d. Jerry Bridgers Delegate of the Year Award – Teri Miller – GA
- 3. HOD Election Results:
  - a. Speaker Elect – Teri Miller (GA)
  - b. Treasurer – Dana Evans (MO)
  - c. Secretary – Kerry McNiven (CT)
  - d. AARC Bylaws Committee – Raymond Pisani (LA) and Brian Cayko (MT)
  - e. AARC Elections Committee – Ed Borza (HI)
- 4. 2017 AARC President Brian Walsh, PhD, MBA, RRT-NPS, FAARC
  - a. Goals: (See AARC CONNECT for PowerPoint)
    - i. Safety – Lead and advance ventilator safety, improve access to RT's, right place, right time, right expertise.
    - ii. Quality – Advance educational requirements, promote access to high quality continuing education, encourage and develop programs accreditation and credentialing of APRT.
    - iii. Value – Continue to develop and execute strategies that will increase membership, promote activities to increase public awareness of RT's.

### 2017 Landmark Issues / Recurrent Issues / Resolutions, AARC President Brian Walsh

#### Summer

Meeting minutes: <https://goo.gl/azC32H>

- 1. AARC Military Liaison Update



- a. Affiliates are asked to identify an RT who has served our country to serve as their Military Liaison. 22 affiliates currently have an active military liaison.
- 2. Awards:
  - a. Summit Award – Washington Society for Respiratory Care
  - b. Bill Lamb Award – Anthony Everidge – Nevada
  - c. Outstanding Affiliate contributor – Hanns Billmayer (VA)
  - d. Life Membership award: Sheila Guidry (LA)
  - e. 12 states for their commitment to improving their State Society and the achievement of “excellent” scores in one or more of the seven scoring categories:
    - i. Excellent in all 7 categories: Michigan, Washington
    - ii. Excellent in 6 categories: Nebraska, Pennsylvania, Virginia,
    - iii. Excellent in 5 categories: Louisiana, Minnesota, South Carolina, West Virginia
    - iv. Excellent in 3 categories: Indiana
    - v. Excellent in 2 categories: Kentucky
- 3. Executive Director report
  - a. The AARC released the Apex Recognition in June 2017. The Apex program recognizes the significant contribution of respiratory therapists and highlights best practices in respiratory care. The program promotes AARC initiatives including the RRT credential, bachelor’s degree or higher, and AARC membership.
  - b. Partnerships with other organizations continue to grow.
- 4. Reading of proposed bylaws change passed.
- 5. Ad-hoc committee proposed sending the interpretation to the bylaws committee asking about the method the House uses to vote. The motion was passed with a 71% affirmative vote.
- 6. Bylaws committee ruled the Article VII, 6a does not restrict the voting process in the House. As a result, the proposed bylaws revision from 2014 was withdrawn by the House.
- 7. Summer Forum set record attendance with 427 attendees.

## Fall

- 1. President Brian Walsh: spoke with the house and challenged state affiliates.
  - a. Goals (summarized)
    - i. Quality
      - I. Education requirements to BS degree
      - II. Encourage development of programs to support APRT
    - ii. Safety
      - I. Lead and advance safety of Respiratory Care including mechanical ventilation
      - II. Maintain and expand relevant alliances with key organization for safety and competence
    - iii. Value
      - I. Expand Research efforts
      - II. Continue to advance international respiratory community
  - b. BS – by 2020 want to be at 80%. Now at 55.1%
    - i. CoARC accreditation standards change
    - ii. 5 new BS or higher programs developed
    - iii. Data projection shows that if our target is 80% at the current rate it will take until 2065 to reach that.

- iv. Remind your colleagues to use tuition assistance to obtain their BS degree
- c. Persons who have advanced degree tend to ...
  - i. Be an AARC member
  - ii. Hold Specialty Credentials
  - iii. Hold RRT credential
  - iv. Hold supervisor/educator positions
- d. Challenge
  - i. Resolutions train...let's get it going again
  - ii. Focused on Strategic Goals
  - iii. Focused on Presidential Goals
- 2. HOD donations for this meeting Total \$43,003
  - a. ARCF - \$1625
  - b. Disaster Relief - \$ 23,506
  - c. Bill Lamb fund - \$100
  - d. Research fund - \$750
  - e. Intl. Fellowship - \$2700
  - f. Bill Bitzel fund - \$3370
- 3. AARC is investigating direct deposit for affiliates- so please keep your officer contact information up to date with the AARC. Several affiliates have outstanding revenue sharing checks.
- 4. State Captain- volunteers are needed for the COPD Foundation.
- 5. States that are concerned about changing license to the RRT credential as minimum to practice might consider doing so through RULES and REGULATIONS route rather than opening their license.
- 6. Download the Patient Safety Summit 2017 APP and Patient Aider APP for your smart phones.
- 7. Can find the patient safety check list on the AARC connect site from our Hawaii Affiliate.
- 8. Remind affiliates and members to use the tools found on line on the AARC University for managers/educators/researchers. It is currently underutilized.
- 9. Special presentation:
  - a. Garry Kauffman, Chartered Affiliate Consultant – gave a special presentation for state affiliates. He will provide a strategic and operational workshop for affiliates. This is endorsed by the AARC. Cost to affiliates is just Gary's expenses for a day and a half workshop. IF interested send Gary an email. He will review: 3 years of financials, 2-3 years of BOD minutes; synopsis of key challenges to your affiliate. Pre-work begins about 90 days out. Gary helps your affiliate do a SWOT analysis.

## **2018 Landmark Issues / Recurrent Issues / Resolutions, AARC President Brian Walsh**

### **Summer**

- 1. Awards:
  - a. Summit Award – Florida Society for Respiratory Care
  - b. Bill Lamb Award – Len Picha (WV)
  - c. Outstanding Affiliate Contributor – Raymond Pisani (LA)
  - d. Life Membership Award nominee – Jim Lanoha (LA)
  - e. 10 states recognized for their commitment to improving their State Society and the achievement of “excellent” scores in one or more of the seven scoring categories:
  - f. Excellent in all 7 categories: Nebraska, Georgia

- g. Excellent in 6 categories, Florida, Washington, Michigan, Kentucky
  - h. Excellent in 5 categories: Ohio, West Virginia
  - i. Excellent in 3 categories: Indiana
  - j. Excellent in 2 categories: Virginia
2. Audit Subcommittee – Recommendation for AARC Policy CA.002
    - a. The Chartered Affiliates Committee and HOD Officers have been charged with assisting the Audit Subcommittee in recommending revisions for AARC Policy CA.002, specifically related to affiliate financial management practices.
    - b. The formal recommendation will come from the AARC Audit Subcommittee.
    - c. The HOD P&T survey will include questions related to this initiative.
    - d. Lanny Inabnit serves as Chair for Chartered Affiliates Committee and Teri Miller serves as Chair of the Audit Subcommittee (as Speaker-elect).
  3. Executive Director Tom Kallstrom:
    - a. AARC Membership is close to the 40,000 mark. Remember if we can get to that level – a dollar extra is given in the affiliate revenue sharing program.
    - b. CHEST Foundation / AARC to reciprocate CRCE for RT’s and MD’s to earn CME.
  4. President Brian Walsh:
    - a. President Walsh continues to drive his agenda of promote, advance, and advocate for the profession.
    - b. Feedback from recent survey: shows
      - i. Higher autonomy of practice
      - ii. Better pt outcomes
      - iii. Additional soft skills
    - c. Still pushing for RRT for entry to practice, what barriers are there and how might we resolve those barriers.
    - d. Increase BS prepared workforce - what barriers are there and how might we resolve those barriers.
  5. HOD Contributions:
    - a. Disaster Relief - \$6,620
    - b. ARCF International Fellows - \$2275
    - c. ARCF Bill Bitzel - \$500
    - d. ARCF General - \$350
    - e. ARCF Research - \$500
    - f. Bill Lamb \$50
    - g. Total – \$10,650

## **2019 Landmark Issues / Recurrent Issues / Resolutions, AARC President Karen Schell**

### **Summer**

1. Awards:
  - a. Summit Award – Nebraska Society for Respiratory Care
  - b. Bill Lamb Award – Mickey Thompson (FL)
  - c. 10 states recognized for their commitment to improving their State Society and the achievement of “excellent” scores in one or more of the seven scoring categories:
  - d. Excellent in all 7 categories: Georgia, Wisconsin,
  - e. Excellent in 6 categories: Michigan, South Carolina, Washington, Nebraska
  - f. Excellent in 5 categories: West Virginia, Indiana, North Carolina
  - g. Excellent in 4 categories: Virginia

2. AARC Proposed changes Mission and Vision
  - a. Proposed Mission and Vision carried
    - i. New Mission: The AARC is the foremost professional association promoting respiratory therapists.
    - ii. New Vision: The AARC advances professional excellence and science in the practice of respiratory therapy, serving the profession, patients, caregivers and the public
3. Audit Subcommittee – Recommendation for AARC Policy CA.002
  - a. Chartered affiliates shall be responsible for providing necessary formal documentation required for Chartered Affiliate Membership in the AARC.
  - b. The Chartered Affiliates Committee recommended Policy HD013 be retired and proposed be replaced with new policy (HD016) Chartered Affiliates Financial Reporting Obligations—recommendations accepted.
4. Executive Director Tom Kallstrom:
  - a. Membership down 1647 from 2018; Members in 2019 38,028; 2018 was 39,675
  - b. The AARC is working with the following groups and initiatives:
    - i. NAMDRG: Home Vent competitive bid issue
    - ii. Allergy and Asthma Network: Promoting Telehealth, and working on an Airline Report card
    - iii. ATS: O2 CPG paper; O2 Advocacy committee, Tom is invited to speak at the O2 Access symposium in Denver in 2020.
    - iv. COPD Foundation: Overlap Study(COPD/OSA) and SHERLOCK Study (COPD and RTs)
    - v. CHEST: Reciprocity for doc/RT meetings, AARC is presenting at CHEST in the fall
    - vi. CDC: Vent stockpile
5. President Karen Schell:
  - a. Implement and Share the 6 Horizon Goals with Affiliate members and BODs. They are as follows
    - a. Advocacy
    - b. Communication/marketing
    - c. Education/professional development
    - d. Events/meetings
    - e. Membership
    - f. Revenue and finance
6. HOD Contributions:
  - a. Disaster Relief - \$9,150
  - b. ARCF International Fellows - \$2,750
  - c. ARCF Bill Bitzel - \$250
  - d. ARCF Research - \$1000

Total – \$13,150

**Fall / Winter (Speaker Teri Miller was out due to Family Illness. Speaker-elect Joe Goss led the meeting in her absence. The winter meeting was started with Presentation of the Colors, Pledge of Allegiance and the National Anthem. (LTC Wadie Williams, Jr., AARC Military Liaison and Kristi Hack , WY Delegate.)** Jodi Jaeger HOD Secretary calculated per the Plus One Roll Call that the HOD had added 208 new members per the challenge to submit a picture for the day one roll call.

1. Congress revenue sharing.
  - a. New guidelines were presented.
  - b. Beginning 2020, Revenue sharing will be based on attendance.
  - c. Payment to the affiliates will be tied to a promo code for each state—(state specific).
  - d. Those registering and using the state link will get a \$5 cheaper discount.
2. Chartered Affiliates/Special Recognition Committee Policy
  - a. Policy HD015 Reporting will be required tri-annually beginning 2021. Education will be provided. Affiliates will report in cycles.
  - b. Summit Award Categories are as follows: Advocacy, Communication, Education, Events/Meetings, Membership, Revenue & Finance
3. Horizon Goals Work Groups
  - a. Work groups were reorganized to match the Horizon Goals. The five ad hoc work groups were expanded to 7. Groups were added for Membership/Students and Education/Research.
4. Awards
  - a. Delegate of the Year: Julie Jackson (IA)
5. AARC Executive Update – Tom Kallstrom
  - a. Current membership is up to 40,901 members (22% of credentialed therapists)
  - b. 2020 the AARC will be going all digital.
  - c. The AARC Disaster Relief fund now has \$173,000.
    - i. ARCF is active and in fact gave out 99,878 in awards and grants this year
6. NBRC Executive Director - Lori Tinkler
  - a. The TMC & CSE repeat policy is changing to 3 attempts then wait 120 days before a 4<sup>th</sup> attempt
  - b. Specialty exams repeat policy will be 2 attempts then wait 180 days.
  - c. Beginning January 2020 more ethics type questions on both the CSE and TMC exams. A virtual calculator will be available.
  - d. The Ohio State is accredited for APRT
  - e. There are 42 states still accepting CRT as a minimum requirement for licensure. The NBRC would need a “Significant Number” of states to go to the RRT level to abolish the low-cut score. When pushed for a significant number 20-25 was given.
7. Total donations for Fall / Winter meeting: \$14,509. Total for the year 2019: \$29,050.

## 2020 Landmark Issues / Recurrent Issues / Resolutions, AARC President Karen Schell

### Summer

1. Virtual Meeting. Due to the COVID-19 pandemic, delegates gathered simultaneously for the 2020 Summer meeting in a “virtual” format using the remote video technology “ZOOM”. Attendees conducted the business of the house in two, 5-hour sessions. 49 delegations were present on day one and 48 delegations were present on day two. The meetings were preceded by considerable planning and preparation by the HOD Officers, Committee Chairs, AARC Executive Office staff, and AARC Liaison. The successful meeting demonstrated the flexibility, creativity and dedication for which our profession is known.
2. Awards
  - a. Outstanding Affiliate Contributor Award: **Dr William Crost (NC)**
  - b. Executive Office Lifetime Membership Award: **Helen Sorenson (TX)**

- c. Executive Office for Honorary Membership: **Asha Desai** (TX)
  - d. Bill Lamb Award: Jean Chachere (LA)
  - e. Summit Award: South Carolina Society for Respiratory Care
  - f. Summit Award Categories are as follows: Advocacy, Communication, Education, Events/Meetings, Membership, Revenue & Finance
  - g. The following 11 states were recognized for their commitment to improving their state society’s achievement of excellence score in one or more of seven categories
    - 6 categories: South Carolina, North Carolina, Michigan
    - 5 categories: West Virginia, Indiana
    - 4 categories: New Jersey
    - 3 categories: Pennsylvania
    - 2 categories: Virginia, Kentucky
    - 1 category: New York, Kansas
3. The Bill Bitzel Memorial Fund was renamed to the Bill Bitzel Memorial Affiliate Award. The HOD Volunteerism and Mentoring Committee will advertise and select the recipient for the award and notify the ARCF who would then administer the award.
  4. HOD approved Elections committee recommendation allowing the Committee to use electronic nominations and/or voting (to administer the HOD) with assistance from the AARC Executive Office as needed. In the event of a need for reopening nomination; this may be initiated by HOD elections committee through AARC Connect in advance of the HOD winter meeting.
  5. Legislative Update: Due to the COVID-19 pandemic, CMS will allow immediately allow Respiratory Care practitioners to provide specified telehealth services. (See information at CMS: <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>)
  6. Work is currently underway for a continuation of services after the “emergency pandemic” situation has passed.
  7. Special / Best Practice Presentations:
    - Educating Legislatures on Vaping- Gabrielle Davis (ID)
    - Chartered Affiliates Financial Obligations- Lanny Inabnit (NC)
    - Respiratory Care: View from the Other Side – Garry Kauffman & Kim Bennion
    - Affiliate Impact of COVID-19 Survey- Speaker Elect Joe Goss

### House of Delegates Statistics

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

Location	Years
Anaheim, CA	'75, '81, '89, '08, '13
Atlanta, GA	'73, '78, '85, '91, '98
Boston, MA	'66
Cincinnati, OH	'00
Dallas, TX	'74, '80, '86
Dearborn, MI	'81
Fort Lauderdale, FL	'19

Houston, TX	'68
Indianapolis, IN	'17
Kansas City, KS	'69, '80, '83
Keystone, FL	'02
Las Vegas, NV	'72, '78, '87, '94, '99, '03, '06, '10, '14, '18
Los Angeles, CA	'67
Marco Island, FL	'09, '10, '14
Miami, FL	'76
Naples, FL	'90, '92, '96, '98, '01
Nashville, TN	'93
New Orleans, LA	'70, '77, '82, '90, '97, '04, '12, '19
Niagara Falls, NY	'83
Orlando, FL	'88, '95, '03, '05, '07, '13
Philadelphia, PA	'71
Phoenix, AZ	'84, '97, '99, '06, '08, '15
Ponte Verdi Beach, FL	'16
Reno / Sparks, NV	'85, '07
St. Petersburg, FL	'82, '84, '86, '87, '89, '94
San Antonio, TX	'92, '01, '05, '09, '16, '18
San Diego, CA	'96
San Francisco, CA	'88
Santé Fe, NM	'12
Scottsdale, AZ	'79
Tampa, FL	'02, '11, '15
Tucson, AZ	'17
Vail, CO	'91, '93, '95, '00, '04, '11
Washington, DC	'79
*Virtual, Simultaneous, Video Meeting	2020
<b>Total Number = 97</b>	

The House has convened thirteen (13) times in June, thirty-one (33) times in July, one (1) time in August, ten (10) times in October, twenty-four (25) times in November, and fifteen (15) 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. Average attendance from 2007 through 2017 was 48 delegations.

## Association Membership

### 1947 – 1976

Year	Total AARC Members	Chairperson	Speaker
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

### 1977 – 1990

Beginning in 1977, the HOD no longer had Speakers

Year	Total AARC Members	Chairperson	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



## 1991 – 2016

Beginning in 1991, the HOD changed the title of “Chairman” to “Speaker.”

Year	Total AARC Members / Active Members	Speaker	Delegate of the Year
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	48,536	Frank Salvatore, Jr.	Karen Schell
2009	49,516	Camden McLaughlin	Jim Lanoha
2010	51,344	Thomas Lamphere	Karen Schell
2011	52,800	Bill Lamb	John Steinmetz
2012	50,861	Karen Schell	John Wilgis
2013	52,000	John Steinmetz	Dan Rowley
2014	49,392 / 40,574	Debra Skees	Kerry McNiven
2015	48,699 / 39,000	John Wilgis	Chuck Menders
2016	46,785 / 39,066	Jacklyn Grimball	Teri Miller

## 2017 – current

In 2016, the House approved moving the officers to a two-year term.

<b>2017 / 2018</b>	2017 – 47,806 / 39,325 2018 – 39,300	Keith Siegel	2017 – Kari Woodruff 2018 – Lanny Inabnit
<b>2019 / 2020</b>	2019 - 38,028 / 40,901 2020 – 42,050	Teri Miller	2019 – Julie Jackson 2020 –

## Policy and Guide Review Documentation and Justification

The Policy Manual shall be reviewed annually in the following manner:

1. All even numbered policies shall be reviewed prior to the Summer House of Delegates meeting on even numbered years.
2. All odd numbered policies shall be reviewed prior to the Summer House of Delegates meeting on odd numbered years.

Policy # (Include Language)	Change(s) and justifications:	Committee Recommendation to the House	Date Change Approved
<b>All policies</b>	Chartered Affiliate replaced society throughout all policies.	Accept	December 2014
<b>002, 004, 006, 008, 010, 012</b>	Association replaced AARC when appropriate throughout all policies.	Accept	December 2014
<b>002, 004, 006, 008, 010, 012</b>	Various grammatical changes made throughout all policies	Accept	December 2014
<b>005</b>	HOD Bylaws Committee was included as a standing committee.	Accept	December 2014
<b>002, 004, 006, 008, 010, 012</b>	Immediate was added prior to all reference to the past speaker throughout all policies.	Accept	December 2014
<b>014</b>	Student Mentorship Scholarship Program was included.	Accept	December 2014
<b>001, 003, 005, 007, 009, 011, 013</b>	Chartered Affiliate replaced society throughout all policies.	Accept	July 2015
<b>001, 003, 005, 007, 009, 011, 013</b>	Association replaced AARC when appropriate throughout all policies.	Accept	July 2015
<b>001, 003, 005, 007, 009, 011, 013</b>	Various grammatical changes made throughout all policies.	Accept	July 2015
<b>001, 003, 005, 007, 009, 011, 013</b>	Immediate was added prior to all reference to the past speaker throughout all policies.	Accept	July 2015
<b>005</b>	HOD Bylaws Committee description was included.	Accept	July 2015

Policy # (Include Language)	Change(s) and justifications:	Committee Recommendation to the House	Date Change Approved
007	Nominations and Elections policy regarding run-off election process (House Officer item 6 and House Elected Committees item 5) was revised.	Accept	July 2015
014	Student Mentorship Scholarship Program policy was revised to include a responsibility section.	Accept	July 2015
001	Policy name was changed to Mission and Vision Statement from Mission Statement.	Accept	July 2015
014	This policy was updated and replace by the Student Mentorship Committee.	Accept	November 2015
All policies	Sanctions were remove from each individual policy. The sanction statement was place on the disclaimer page.	Accept	November 2015
004	Additional duties added at the recommendation of the elections committee.	Accept	November 2015
003	Change to reflect the voting method in the House. The Bylaws address one voting method, but the House routinely votes with voice and placard. A proposed Bylaws change to address this was not approved by the AARC Bylaws committee. The P&G Committee proposed the language change.	To approve	Pending approval
004	The change in House Officers' terms is to provide more continuity by the Officers that service on Association Committees. There is little time for a new Officer to understand the responsibilities within the one-year term. The proposed change will increase terms to two years and reduce the consecutive terms of Secretary and Treasurer.	Accept	June 2016

Policy # (Include Language)	Change(s) and justifications:	Committee Recommendation to the House	Date Change Approved
<b>010</b>	Strike "unless there are excess budgeted funds available." This way decisions are based on financial status alone and not 1st or 2nd delegate. Some affiliates with less funds than some DA applicants actually send two delegates. Our goal is to make sure at least one delegate can attend and we will help those with the most need. Change "No more than 70% of the committee's annual budgeted funds may be dispersed for the summer meeting" to no more than 60%. The history on this is because the summer meetings are typically more expensive. The Fall meeting is 4 nights rather than 3 in the summer, so much of this difference should be negligible. In the past, the committee has not made cuts in the summer, it has been only in the Fall due the 70%.	Accept	October 2016
<b>005</b>	The committee recommended the HOD Bylaws Committee become an Ad-hoc Committee. The continuous bylaws review in areas of improvement, act as the receiving committee for Affiliate-initiated bylaw change amendments and assist with recommendations to assist with formatting and clarity of verbiage would be subjecting our bylaws to the possibility of always being in a continuous change state.	Accept	October 2016
<b>010</b>	The Delegate Assistance Committee is recommending adding "If a committee member is representing an affiliate that has applied for funding, that committee member should recuse themselves from the application review and voting process."	Accept	June 2017
<b>007</b>	Elections Committee proposed to change and clarify the nomination process. The Association Bylaws Committee will now require three (3) names on the ballot and other ballot positions a minimum of two (2). Text will be verbally presented to the House prior to nominations and verbally and printed on ballots prior to elections.	Accept	July 2018

<b>Policy # (Include Language)</b>	<b>Change(s) and justifications:</b>	<b>Committee Recommendation to the House</b>	<b>Date Change Approved</b>
<b>005</b>	Certain language that was contained within the descriptive guide was moved to the policy. Primarily it clarifies the terms and responsibilities to the Association committees.	Accept	July 2018
<b>003</b>	Clearly outlines the method and sequence for voting.	Accept	December 2018
<b>013</b>	Delegation Requirements and Responsibilities be retired.	Accept	July 2019
<b>014</b>	Policy revised to raise Mentorship support for student HOD from \$2,000 to \$4,000 and award International Congress registration to summer HOD student attendees.	Accept	July 2019
<b>016</b>	Introduced new policy: Chartered Affiliates Financial Reporting Obligations	Accept	July 2019

The Policy and Guide Committee routinely verifies the policies referenced above have been reviewed per policy and presented to the House of Delegates for amendment as necessary.

End of Document